CANADA

COMMISSION OF INQUIRY INTO THE USE OF DRUGS AND BANNED PRACTICES INTENDED TO INCREASE ATHLETIC PERFORMANCE

The Honourable
Charles L. Dubin
Commissioner

Commission of Inquiry into the Use of Drugs and Banned Practices Intended to Increase Athletic Performance

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Commission d'enquête
sur le recours aux
drogues et aux pratiques interdites
pour améliorer la performance athlétique

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TO HIS EXCELLENCY
THE GOVERNOR GENERAL IN COUNCIL

MAY IT PLEASE YOUR EXCELLENCY

By Order in Council PC 1988-2361 dated October 5th, 1988, I was appointed Commissioner to inquire into and report on the facts and circumstances surrounding the use by Canadian athletes of drugs and banned practices intended to increase athletic performance. I now beg to submit the attached Report.

Respectfully submitted,

Commissioner

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ABBREVIATIONS

AAP	Athlete Assistance Program
AIB	Athlete Information Bureau
AIS	Australian Institute of Sport
ANOC	Association of National Olympic Committees
AOF	Australian Olympic Federation
ARF	Athlete Reserve Fund
CABLA	Canadian Amateur Bobsleigh and Luge Association
CAC	Coaching Association of Canada
CASA	Canadian Amateur Swimming Association
CASM	Canadian Association of Sports Medicine
CASS	Canadian Association of Sports Scientists
CATA	Canadian Athletic Therapists Association
CCAA	Canadian College Athletic Association
CFA	Canadian Fencing Association
CFSOD	Canadian Federation of Sport Organizations for the Disabled
CGAC	Commonwealth Games Association of Canada
CGF	Commonwealth Games Federation
CIAU	Canadian Interuniversity Athletic Union
CIJF	Comité international des jeux de la francophonie
CMA	Canadian Medical Association
COA	Canadian Olympic Association
CODA	Calgary Olympic Development Association
CPA-SPD	*See* SPD-CPA
CTFA	Canadian Track and Field Association
CWF	Canadian Weightlifting Federation
CWHFC	Canadian Weightlifing Federation / Fédération haltérophile canadienne

FAS	Fitness and Amateur Sport
FDA	Food and Drug Administration (U.S.)
FISU	Fédération internationale du sport universitaire
GAISF	General Assembly of International Sport Federations
IAAF	International Amateur Athletic Federation
IAF	International Athletic Foundation
IF	international federation
IOC	International Olympic Committee
IWF	International Weightlifting Federation
NCAA	National Collegiate Athletic Association
NFL	National Football League
NOC	National Olympic Committee
NSO	national sport organization
OTFA	Ontario Track and Field Association
PASO	Pan American Sports Organization
SIRC	Sport Information Resource Centre
SMC	Sport Marketing Council
SMCC	Sport Medicine Council of Canada
SPD-CPA	Sports Physiotherapist Division of the Canadian Physiotherapists Association
TAC	The Athletic Congress
USOC	United States Olympic Committee

PREFACE

Because of the significance of sport in our culture, the Government of Canada, and the provinces and municipalities to a lesser degree, have over the years expended a great deal of public money in increasing amounts to encourage and promote athletic programs.

In addition to making capital expenditures for sport facilities, the Government of Canada is the principal financial resource for those national sport organizations that govern the so-called Olympic sports. They are the sports in which events are scheduled in the winter and summer Olympics every four years. Competition in those sports is not confined to the Olympic Games but continues throughout the quadrennial in national, international, and regional athletic competitions. Through Sport Canada, the national sport organizations receive annual grants to aid them in carrying out their year-round activities and for coaching and other technical assistance. In addition, financial support by way of a modest monthly allowance is given directly to many athletes who compete in Olympic sports, and additional money is available to permit them to pursue academic or other studies to aid them in their careers after their athletic days are over.

At the inception of government funding, athletic competition in those sports was limited to amateurs, but such is no longer the case. The former concept of the amateur athlete who competed only for the thrill of competition and the chance of victory has been superseded by the concept of the "eligible athlete" who is permitted to engage in sport on a full-time basis and for monetary reward.

Since the Government of Canada is the principal financial resource for the national sport organizations, the Commission made a study of the role of government funding and involvement in sport.

The rules of athletic competition are established by the national and international sport federations which govern their respective sports, and by the International Olympic Committee with respect to competitions held under its auspices. Many of the rules enacted by these bodies were designed to prevent cheating. Although cheating in international athletic competition is not new and dates back to the early history of the Olympics, the methods of cheating have become more and more innovative. Of fairly recent date, the method of cheating most commonly resorted to by athletes has been the use of drugs intended to enhance performance and the use of other banned practices and procedures intended to give them an edge over their competitors. In athletic parlance, the use of drugs is called "doping." The International Olympic Committee and the international federations banned doping in international competitions and prescribed penalties for those who violated the rules.

One of the most popular banned drugs used by athletes to enhance performance has been anabolic steroids, which can be taken by injection or in pill form. The use of anabolic steroids by athletes participating in international competition appears to have been discovered in 1954. The only practical means of detecting the use of anabolic steroids in sport is by an analysis of a sample of the athlete's urine, but it was not until the mid-1970s that the laboratories accredited for testing were able to analyse effectively a urine sample to detect the use of these drugs. Even so, testing of the athletes was for the most part limited to tests on the day of competition, a practice that, as detailed in this report, is an ineffective methodology for detecting the use of anabolic steroids.

The widespread use of anabolic steroids was demonstrated in 1983 in the Pan American Games in Caracas, Venezuela. During those games nineteen competitors, including two Canadians, were disqualified when the use of such drugs was detected. Dozens more athletes reportedly withdrew voluntarily from the games, apparently in fear of being detected.

In response to those revelations, in December 1983 the Government of Canada, through Sport Canada, set forth its first doping control policy, one of the most stringent in the world. The purpose for proclaiming it was twofold: first, to eliminate cheating in those sports that were being funded by the Government of Canada, and, second, of equal if not greater significance, as a response to a concern about the health of those who were using banned drugs or were engaged in other banned practices and procedures. The policy required, in part, that every national sport organization in receipt of public funds establish doping control procedures for random testing as well as in-competition testing; and it required all coaches, trainers, physicians, and others responsible for the administration of the organizations to comply with the doping control policy, and prescribed penalties for all who violated the rules. Athletes who received direct financial support were required to enter into a contract with the sport organization in which they would agree, as a condition of funding, to comply with the policy. That policy imposed the penalty of withdrawal of any direct or indirect financial assistance to those who breached the rules. (The text of Sport Canada's policy is reproduced in the report.)

In 1985 the policy was revised to increase the penalty for those athletes who violated their contractual obligations and the doping rules by being in possession of or using anabolic steroids. The revision imposed a lifetime ban from funding subject to an appeal to the minister. As appears from what I subsequently report, the policy was for the most part ineffective. Although the number of athletes tested increased, the testing, other than that conducted by the Canadian Weightlifting Federation, was confined to in-competition testing.

The cost of testing is paid out of public funds through the Sport Medicine Council of Canada. In addition to funds otherwise provided by way of grants to organizations and athletes, the expenditure in 1988 for testing alone was in excess of $500,000.

In the interval between 1983 and 1988, notwithstanding the stringent policy of Sport Canada, several Canadian athletes were disqualified for using anabolic steroids — a matter of increasing concern to the officials of Sport Canada. In 1988 four of the seven weightlifters selected to represent Canada at the Seoul Olympics were disqualified after testing positive for anabolic steroids prior to their departure for Seoul. Ben Johnson was disqualified following the completion of the 100 metre event when he also tested positive for anabolic steroids. On his return to Canada, he requested a thorough public inquiry as to all the circumstances surrounding his disqualification.

On the recommendation of the Prime Minister by Order in Council dated October 5, 1988, this Commission was established under Part I of the *Inquiries Act*, and I was appointed as Commissioner. The entire text of the Order in Council appears as appendix A to this report.

The Order in Council recognized that there is a clear public concern with respect to the use of various drugs and banned practices intended to increase athletic performance, and I was directed to inquire into and report on the facts and circumstances surrounding the use of such drugs and banned practices by Canadian athletes and to make recommendations regarding the issues related to their use in sport. I was also directed to inquire into and report on the events relating to the members of our Canadian weightlifting team and track and field team who were to compete or did compete in the Olympic Games held in Seoul, South Korea, in September 1988.

Although the terms of reference were very broad, I thought it appropriate to inquire principally into those sports that receive direct financial assistance from the Government of Canada, by reason of which the government has a direct interest. For that reason, I did not inquire into the use of performance-enhancing drugs by athletes whose activities were governed by professional bodies such as the Canadian Football League and the National Hockey League.

The Commission conducted a thorough investigation into the use of drugs and banned practices by Canadian athletes who were governed by provincial, national, and international sport federations. Since the use of such drugs and banned practices appeared to be most prevalent in weightlifting and track and field, the Commission concentrated on these two sports. In addition, and as a result of Mr Johnson's request, a thorough investigation was made into all the facts and circumstances surrounding his disqualification. The evidence also disclosed that banned drugs and practices are used widely by bodybuilders and powerlifters and, to a lesser degree, in other sports.

Since anabolic steroids appeared to be the banned drug most in use, the Commission concentrated its study on the use of anabolic steroids, their performance-enhancing qualities, and the potential harm to health that may result to both male and female athletes who use them. Although the Commission concentrated on anabolic steroids, it also inquired into the use of other prohibited drugs, such as growth hormone and beta blockers, and into the banned practice of blood doping.

Elite athletes are role models for our young people, who have become well aware of the use of anabolic steroids by some of these athletes. It should come as no surprise, therefore, that the use of anabolic steroids has spread from elite sport to gymnasiums and high school locker rooms. Anabolic steroids are readily available and are used by our young people, particularly young males, to increase not only athletic performance but also to improve physical appearance.

Anabolic steroids are prescription drugs, the sale, distribution, and supply of which are governed by the *Food and Drugs Act*. It is illegal to sell or distribute them without prescription, subject to certain well-defined exceptions. The Commission inquired into the source and supply of these drugs, the manner of distribution, and the adequacy of present regulation. Although this was not an inquiry into criminal activity, and I am not recommending that any criminal prosecutions result from what was revealed, it does appear that many individuals were involved in illegal activity contrary to the *Food and Drugs Act*, with respect to those substances.

I inquired into whether there were pressures being placed on our young men and women athletes to tempt them, even at risk to their own health, to cheat, and whether Canadian athletes were being exploited by others for financial or other gain at the risk of their reputation and health.

The Commission spent considerable time in considering who should be held responsible for the use of drugs in sport. The athletes who cheat must, of course, bear their full share of responsibility, but the responsibility cannot be solely theirs. I therefore inquired into the circumstances that gave rise to the use of drugs, particularly anabolic steroids, by athletes, and the responsibilities of the self-governing sport federations, national and international, and of coaches, physicians, and others who were involved in the administration of athletic programs.

The use of drugs in sport is not a Canadian phenomenon but is prevalent in international competition. Although the use of anabolic steroids in international competition has been widespread for many years, very few athletes were caught. The Commission inquired into the adequacy of testing procedures, national and international, and into the reasons for the failure to detect the widespread use.

The Commission inquired into the doping control procedures of the national and international sport federations that were in place prior to the commencement of the public hearings. The work of this Commission attracted international attention, and because of the widespread use of drugs in international athletic competition, the Commission closely monitored the steps being taken nationally and internationally to eliminate the use of drugs in international competition following the revelations made in the evidence at the hearings. This was done with a view to ascertaining whether there would be a level playing field in the future for athletes to compete internationally and, if not, what Canada's participation should be in international competition.

As appears from the report, Canada has taken a leading role in seeking the support of those organizations which govern sport internationally to eliminate the use of drugs. I have set forth the steps being taken internationally to that end. Those initiatives have had only limited success to date.

The Commission also considered athletes' rights and the appropriateness of the penalties in place for those who violate the rules.

The Inquiry was a very far-ranging one. The public hearings commenced on January 11, 1989, and were completed on October 3, 1989, during which time 119 witnesses were called, whose testimony extended to 14,817 pages. Two hundred and ninety-five exhibits were also received.

Public briefs were invited and the time for submitting them was extended to October 30, 1989. Twenty-six briefs were submitted.

The public hearings formed only a small part of the work of the Commission. They followed a very thorough investigation by Commission staff. After the public hearings, the evidence and written submissions all had to be reviewed, and considerable research had to be undertaken into scientific, legal, and other subject matters that did not lend themselves to forming part of the public hearings. As well, extensive discussions and exchange of information took place with concerned bodies in several countries.

In this report, I have set forth in chapter form a review of the matters I thought were most relevant, but each chapter has some relation to the others, and the conclusions and recommendations have to be read in conjunction with the body of the report, where the basis for them can be found.

A commission of inquiry should not dwell solely on the past. Little would be gained by such a narrow focus. It is necessary to ascertain what has happened in the past to find out what has gone wrong and to define the issues. But we must now look to the future and seek to correct the errors of the past.

The use of banned performance-enhancing drugs is cheating, which is the antithesis of sport. The widespread use of such drugs has threatened the essential integrity of sport and is destructive of its very objectives. It also erodes the ethical and moral values of athletes who use them, endangering their mental and physical welfare while demoralizing the entire sport community.

I have endeavoured to define the true values of sport and restore its integrity so that it can continue to be an important part of our culture, unifying and giving pleasure to Canadians while promoting their health and vitality.

I have also sought to protect and advance the interests of Canadian athletes and have endeavoured to obtain for them a healthy athletic climate in which they can compete honourably in the future, both nationally and internationally, in accordance with the true objectives of sport.

ACKNOWLEDGEMENTS

Upon my appointment as Commissioner, it was left to me to assemble a staff to assist me in carrying out my mandate, and I was very fortunate in that all those who agreed to assist me did so with unstinting dedication to the tasks assigned to them.

There were many who joined our staff at one time or another during the Commission's progress, and I am indebted to all of them. Some call for special mention.

Mrs Kay Cornwall joined the Commission at its inception as our administrator, and efficiently and courteously took charge of the entire administration and assembled a very able staff. By the nature of her assignment, she has stayed with the Commission to the end.

The Commission was assisted by many office staff, but I am sure all of them would want special mention made of Ms Elizabeth Nagata, one of our secretaries, and of our records manager, Clifford Collier.

Because of the nature of the Inquiry, it was necessary to obtain skilled investigators. With the cooperation of the RCMP, Ken St Germain and Don Willett were assigned to our Toronto office, and Jacques Guay and Jacques Lafrance for a shorter period of time to Montreal. From the Metropolitan Toronto Police we had Walter Greczko and Gary McQueen seconded to the Inquiry. They are all very experienced drug-enforcement investigators but, while seconded to the Commission, they acted solely as investigators for the Commission. They were thorough, innovative, courteous, and fair. It was in large measure because of their efforts that the Commission was able to obtain evidence which would not otherwise have been forthcoming.

On my medical and scientific panel, I was fortunate to have the benefit of advice from Doctors John C. Laidlaw, Robert C. Goode, Samuel Solomon, and Arnis Kuksis, each of whom had special expertise.

For advice from those who were knowledgeable about sport in Canada and who had no direct interest in the issues before the Commission, I consulted with Doctors Thomas Bedecki and Wendy Jerome and Mr Hugh Fraser, all of whom served on my sport advisory panel.

I was particularly fortunate at the very outset in obtaining the assistance of Mr Robin Nunn who, while working with the Commission, was on leave from the Ministry of the Attorney General. Mr Nunn had worked with me on my Royal Commission into Aviation Safety and, since that time, has been admitted to the Bar of Ontario. As was the case in that inquiry, he was absolutely invaluable to me in this inquiry as my director of research.

The role of Commission counsel in an inquiry such as this is an extremely delicate task, particularly having regard to the role that I assigned to them.

Mr Michel Proulx joined our staff as co-counsel and conducted our hearings in Montreal. It was intended that he would continue to be actively associated with our hearings in Toronto, but in the interval he was appointed to the Court of Appeal for Quebec. While serving as co-counsel to this Commission, he distinguished himself as he had previously in his practice in Quebec.

Ms Kirby Chown acted as associate counsel throughout the hearings, and I had the benefit of her litigation experience, her thorough preparation, the careful manner with which she examined the witnesses assigned to her, and the assistance she gave throughout to Mr Robert Armstrong, Commission counsel.

I am sure that all those who participated in the work of the Commission would want me to give special recognition to Mr Armstrong. I am satisfied that it was largely because of his industry, courtesy, integrity, and fairness that the Commission was able to amass the extensive evidence and information relating to the matters referred to me, and I also attribute to him the noncontroversial manner in which this Commission was conducted. Over the many years that I have had occasion to be associated with royal commissions, I have never observed any Commission counsel who has acted with such a high degree of professionalism.

Because of the independent role that Commission counsel assumed in the conduct of the Inquiry, I felt free to have them direct to my attention those portions of the evidence which they thought were most relevant and to obtain the benefit of their advice.

As the public hearings were reaching a conclusion, and Mr Armstrong and Ms Chown were preparing to return to their busy law offices, I was fortunate in being able to obtain the services of Ms Elizabeth Cummins Seto, a former law clerk of mine and a recent graduate in law who, along with Robin Nunn, was indefatigable in assisting me in research and in the preparation and completion of the report.

To my own secretary, Mary Harding, I owe a special debt of gratitude. It was her role, not only to assist me in the arduous task of the completion of the report, but also to assist me in my many judicial administrative duties which continued throughout the entire Inquiry.

THE PROCESS

The function of a commission of inquiry is not always understood. A commission of inquiry is not a trial. No one is charged with any criminal offence, nor is anyone being sued. There is, to use legal jargon, no *lis inter partes*. There is no dispute between parties as such, and no legal rights are determined. It is intended to be an independent, objective inquiry into the subject matters referred to it by the Order in Council pursuant to which it is established, with a view to ascertaining what has transpired, to identify the problem areas, to define the issues, and to seek a way of correcting the errors of the past so that they will not recur.

There are no set rules governing the conduct of a commission of inquiry, and the procedure to be followed is determined by the Commissioner.

Although no legal rights are determined, the reputation and the future of individuals may be adversely affected. Because of my concern that no individual should have his or her reputation and future unfairly affected, I have strong views as to the manner in which commissions of inquiry should be conducted. In this Inquiry, Commission counsel were not prosecutors, and they took no sides. Their function was not to prove one thing or the other. They were the legal arm of the Commission, and the Commissioner was their only client. Their function was, with the benefit of their skill and experience, to present to the Commissioner in an orderly way all the relevant evidence available to them which related to any issue before the Commission, to do so in an even-handed manner, and to screen out allegations that lacked any credibility. In the event of a conflict of testimony, the resolution was left with me.

Commission counsel advised each witness and interested organization and their counsel, when represented, well in advance, of all the evidence that Commission counsel understood would be led which could affect their interests. Thus, to the best of their ability, Commission counsel made full disclosure at every stage of the Inquiry and alerted the witnesses and their counsel as to the time when evidence which could adversely affect their interest would be called.

In order to avoid the appearance of an adversarial contest, all witnesses were examined initially by Commission counsel. After Commission counsel had completed the examination-in-chief of each witness, counsel for those witnesses or other interested parties who had independent legal advice were permitted to continue the examination-in-chief to bring out any matters which they thought were relevant but had not been covered by Commission counsel. They were also entitled to cross-examine any witness who had previously given evidence on matters that directly affected their clients.

During ninety-one days of hearings, with approximately fifty lawyers appearing at one time or the other, there were no objections taken at any time to the procedures being followed, and, indeed, there were few objections taken as to the admissibility of any of the evidence called. This, I think, was in large measure due not only to the responsible and professional manner in which all counsel for the witnesses and other interested parties conducted themselves, but also to the integrity, fairness, and courtesy of Commission counsel and the full disclosure provided. Indeed, all counsel, both publicly and privately, attested to the courtesy and fairness of Commission counsel and staff.

Although full disclosure would have been provided in any event, I was also mindful of the following provisions of the *Inquiries Act*, pursuant to which this Commission was established:

> 12. The commissioners may allow any person whose conduct is being investigated under this Act, and shall allow any person against whom any charge is made in the course of such investigation, to be represented by counsel.
>
> 13. No report shall be made against any person until reasonable notice has been given to him of the charge of misconduct alleged against him and he has been allowed full opportunity to be heard in person or by counsel.

The rules governing the admissibility of evidence in criminal and civil trials are not normally applicable to a commission of inquiry. Hearsay evidence is admissible but, in my opinion, for a limited purpose only. Hearsay evidence is admissible to provide general information to the Commissioner, as indeed is the opinion of those knowledgeable on the subject matter, the weight of which is to be determined by the Commissioner. However, I did not rely on any evidence that would not be admissible in a civil or criminal proceeding in determining whether an adverse finding on credibility or misconduct should be made. There is no definition of misconduct in the *Inquiries Act*, but it can be conduct that falls short of exposing an individual to civil or criminal liability.

In this case, using performance-enhancing drugs or engaging in other banned practices, or supplying athletes with such drugs or encouraging them to do so, in my opinion constitutes misconduct pursuant to the provisions of sections 12 and 13 of the *Inquiries Act*, set forth above. However, no such finding was made by me on the basis of evidence that would not have been admissible in civil or criminal proceedings.

PART ONE

Overview of Government and Sport in Canada

1

Government and Sport in Canada

Each year, some seven or eight million Canadians are engaged at one time or another in activities relating to organized sport, and many more millions follow sport daily through the media. More than three million Canadians belong to amateur sport organizations and engage in some level of competition. A further one-and-a-half million Canadians are involved as volunteers, coaches, and staff.

Sport is a significant part of the social, cultural, and recreational fabric of Canada. Of fairly recent date, there has been increased involvement by the Government of Canada, and to a lesser extent the provinces, in sport and in its funding. The legitimacy of such involvement has been expressed consistently by ministers of the Crown, by sport academics, and in task force reports. As expressed by Macintosh, Bedecki, and Franks in their comprehensive work on sport and politics:

> Government has a legitimate and essential role to play in sport. Promoting sport and physical activity for all Canadians is one such role. Providing equality of opportunity to high-performance sport is another. Sport also has an important role to play in any government efforts to promote unity and a unique Canadian identity. Government support of sport for these purposes is justified to the same extent as these functions are widely accepted in other areas of cultural policy. [1]

In August 1988 the Honourable Jean J. Charest, then minister of state for fitness and amateur sport, consistent with what had been articulated by his predecessors, expressed his support for government involvement in sport:

- Sport genuinely reflects the nature of this country — diverse, democratic, proud, and competitive. The physical activities we choose to undertake — and the meaning we draw from them — say a lot about Canadians and who we are.
- Sport has always played a prominent role in Canadian life. It is a component of our culture, an element of our economy and a way of presenting ourselves proudly to the world.
- The federal government "invests" in the sport system for several important reasons. First, we support sport simply for what it is — a part of human nature; a social movement made accessible and equitable through the national sport system. We also invest in the system because sport forms a part of our national identity and is an expression of our culture and who we are. As well, sport supports individual Canadians as they pursue excellence to the highest levels and provides opportunities for Canadians in general to observe and share in their pursuit and their celebration and to draw important meanings from their performances.
- I believe the financing of sport is a worthy and important social responsibility of government.[2]

As the country has changed and matured, so has the focus of government involvement in sport. From an early concern with the general health and fitness of Canadians, involvement has gradually been channelled into the more specialized field of competitive sport. Within that field, an even narrower focus has been placed on high-performance sport. With that increased emphasis came, in turn, a corresponding increase in the level of government funding.

But government funding comes at a price. From simply being a means for improving the general health of Canadians, government funding of sport has become a means for promoting the national, international, and social policies of the country. Sport is relied on to unite the country and to express Canadian culture and identity; it is used as an instrument of social policy in redressing gender inequality and discrimination against people with disabilities and members of minority and lower socioeconomic groups; it is used to ensure compliance with federal government policies on bilingualism and regionalism; and it is used to express governmental disapproval of political decisions by other governments. Perhaps most of all, sport is relied on to give Canada a high, international profile as a modern, thriving, healthy, and prosperous nation that values the ideals of fairness and honesty.

Sport then is clearly an aspect of Canadian life that touches a broad cross-section of the population. It transcends regional, ethnic, and cultural barriers, encouraging Canadians to feel a part of that greater entity called Canada.

BACKGROUND

Pre-1961

Early government interest in promoting fitness, at least among the male population, was clearly related to military needs. Military drill first appeared in Ontario schools during the 1860s. By the turn of the century, as increasing urbanization and the decline of a more physically active rural and agricultural way of life contributed to a general decline in physical fitness, federal programs were established to promote fitness and military training in schools.

In 1941, in the midst of the Second World War, another serious decline in fitness was observed. The minister for national defence, Charles Power, told the House of Commons that 33 percent of men recruited for the military were rejected as unfit. They could not walk five miles. In 1943 the *National Physical Fitness Act* was passed, which established a fitness program to be administered in conjunction with the provincial governments. A fund of $232,000 was set up, with further funding received from bequests, other donations, and grants. The Act established the National Council on Physical Fitness, whose mandate was to promote the physical fitness of Canadians, with fitness defined as:

> the best state of health, to which has been added such qualities as strength, agility and endurance, as are necessary for a life of maximum service to men's family and country. Further, that although the purpose of the Act is to develop the physical fitness of the people of Canada, *this Council stresses the fourfold nature of fitness, which is spiritual, moral, mental and physical, and that total fitness must originate in the home, the church, the school and the community.*[3] [Emphasis added]

Although the initial mandate of the council was to promote the physical fitness of Canadians, it quickly became involved in amateur sport, health, recreation, leisure programs, cultural activities, and the Olympic Games.

In 1945 responsibility for the administration of fitness programs shifted to the newly created federal Department of National Health and Welfare, although the provinces continued to play a role. But there was much dissatisfaction — and confusion — in attempting to operate as a joint federal-provincial endeavour. The council had no definite guidelines and was not able to exercise the implied executive powers that were assigned to it under the Act. In 1955 the *National Physical Fitness Act* was repealed, and the joint programs established under it were discontinued.

In the 1950s the federal government began to respond to the growing belief that government should ensure that all citizens had an opportunity to develop to their fullest potential, regardless of differences and in the face of regional disparities. It was this view that "led the federal government to excursions into the domain of health and welfare, culture, and education, with the result that the matter of sport and physical fitness gradually came under the purview of federal government policy making."[4]

Nevertheless, it was not until the passage of the *Fitness and Amateur Sport Act* in 1961 that the shift towards sport, as opposed to fitness, was either possible or acknowledged as an element of government policy.

The 1960s

Fitness and Amateur Sport Act

In 1961 the *Fitness and Amateur Sport Act* was proclaimed "to encourage, promote and develop fitness and amateur sport in Canada" (s. 3). Amateur sport was defined under the regulations to the Act to mean "any athletic activity when engaged in solely for recreation, fitness or pleasure and not as a means of livelihood."

This Act is the cornerstone of the huge fitness and amateur sport edifice that has grown up in Canada. The fact that the provisions of the Act were expressed in broad, general terms has allowed it to accommodate the expansion and changing direction of federal government activities in the area of sport for more than thirty years. The passage of the Act was more significant than anything the federal government had ever before attempted in this area. For the first time, government was committed to the promotion and development of amateur sport and not just to general physical fitness. The Act marked a turning point in government policy, although at the time of its passage its significance may not have been apparent.

The Act established the National Advisory Council on Fitness and Amateur Sport, a heterogeneous body composed of knowledgeable people in the fields of physical fitness, recreation, and sport. This council was designed to provide a geographical balance for regional interests, and its role under the Act was to advise the minister of national health and welfare on all matters he thought fit to refer to it and on "such other matters relating to the operation of this Act as the Council sees fit" (s. 9(1), (2)). Although given the authority to make rules for regulating its proceedings and the performance of its own functions, the National Advisory Council was not given any executive power, any program funds, or an independent secretariat.

The Act also provided for the appointment of full-time civil servants to staff the Directorate of Fitness and Amateur Sport, which in mid-1962 saw the appointment of its first director. Eventually the directorate's staff grew in size and maturity while the advisory council's role became increasingly difficult to fulfil, given the scope and complexity of the tasks it had assumed. The fact that the broadly based council met infrequently while the more specialized directorate was staffed by full-time civil servants contributed to this shift in the balance of power.

Early Funding under the Fitness and Amateur Sport Act

The first significant government funding of athletes and fitness programs was put in place following the passage of the *Fitness and Amateur Sport Act*. To carry out the objectives of the Act, an annual grant of $5 million was authorized, to be administered by the Department of National Health and Welfare. The budget for the first year of operation was $1 million, to be increased yearly by $1 million until the full $5 million grant became available in 1966–67. Expenditure under the Act between 1961 and 1968 was:[5]

1961–62	$ 29,641
1962–63	$ 981,270
1963–64	$1,549,824
1964–65	$1,996,603
1965–66	$2,508,493
1966–67	$4,665,769
1967–68	$3,655,413

In these first years the funding was distributed in a manner that indicates the changing emphasis towards competitive sport:

- Grants to national associations concerned with fitness, recreation, and amateur sport to assist their participation in national and international competitions, to help them to play host to international games held in Canada, and to support their conduct of leadership-training programs for coaches, officials, and recreation leaders: 22 percent.
- Federal-provincial cost-sharing programs: 20 percent.
- Scholarship, fellowship, and bursary programs in physical education and recreation, and research: 11 percent.
- Information and publications: 5 percent.
- Canadian Games: 8 percent.
- Nonrecurring activities (such as support for the Pan American Games, construction of provincial facilities, support for world hockey championships): 34 percent.[6]

The intention of the Act, according to Prime Minister John Diefenbaker and Minister of National Health and Welfare Waldo Monteith, was to encourage mass participation in sport as well as to improve international sport performances. Although the broad terms of the Act allowed for the accommodation of many diverse views, the media, supported by a substantial portion of the public, looked for increased success by Canadian amateur athletes. Canadians were becoming increasingly unhappy (according to House of Commons debates) over the lacklustre performances of their athletes — in particular the national hockey team — on the international scene. As well, the Directorate of Fitness and Amateur Sport itself had come to the view that the time was right for the federal government to re-evaluate its role in amateur sport.

As a result of these concerns and in keeping with a promise made during the election campaign, the newly elected prime minister, Pierre Trudeau, in 1968 created the Task Force on Sports for Canadians. Its report was to lay the foundation for much of the Canadian sport community as it is known today.

1969 Task Force Report on Sports for Canadians

The Task Force on Sports for Canadians was established to report on:

> (i) prevailing concepts and definitions of both amateur and professional sport in Canada and the effect of professional sport on amateur sport;
>
> (ii) the role of the Federal Government in relation to non-governmental national and international organizations and agencies in promoting and developing Canadian participation in sport; and
>
> (iii) ways in which the Government could improve further the extent and quality of Canadian participation in sport both at home and abroad.[7]

The task force members admitted in the preamble to the report that they had "consciously stayed clear of the fitness aspect of sport and recreation." The result was that their findings and recommendations focused exclusively on what was defined as sport, namely, activity in which the following could be found:

> (a) substantial participation in Canada; (b) some evidence of organization beyond a small locale; (c) *indications that commercial purposes and objectives were not over-riding all in the activity*; (d) activity which had developed a national framework of competition; and (e) activity which led or could lead on into international competition. [Emphasis added]

The task force went on to say that

> Sport is too important, both objectively as a bringer of national benefits, and subjectively, in the minds of the Canadian people, to be smuggled into government politics as merely another phase of physical fitness, valuable though fitness programmes are.

Further, the task force stated bluntly, sport should not "be condemned to walk in the shadow of fitness as its retarded brother."

Clearly the task force was of the view that the government's focus and funding should now be on the promotion of sport, not on the more generalized physical fitness movement. In keeping with that change in focus, it became necessary to restructure the roles of the National Advisory Council on Fitness and Amateur Sport and the Directorate of Fitness and Amateur Sport. The task force recommended that policy formulation and decision making be the function of the directorate:

> [I]mmediate responsibility for policy formulation should be lodged with the body charged with the task of carrying it out: that is, the Directorate of Fitness and Amateur Sport. This

> Directorate is staffed with fulltime civil servants, expert in the fields of physical education or public administration, and knowledgeable in the field of sport. Their combination of talents render them potentially as capable a sports group as can be found in the country.

These recommendations reflected the thinking of both the minister of national health and welfare, the Honourable John Munro, and the director of fitness and amateur sport, Lou Lefaive. They had already rejected the recommendation of the advisory council's 1968 report, *A Look at the Future in Fitness and Amateur Sport*, that the advisory council be the policy-making body. The council was composed in good measure of university-based physical education professionals, whose bent was towards mass sport and fitness programs. The task force recommendations, with their emphasis on competitive sport, were enthusiastically taken up and funded.

That the federal government should fund this expanded role for sport was seen by the task force as a particularly Canadian response. According to the authors of the task force report, Canadians see the role of the federal government as "not just to govern us, but first to create our country, and then constantly to recreate it in terms of the challenges thrown up to each generation." The report further stated that

> Canadians have recognized that the needs of a people cannot be contained within the bounds of any rigid ideology, and that if the private sector is not by itself capable of sustaining our national existence, it is the function of our government to step in and help it to do so, however remote the area might be from customary fields of government concern.

The 1970s

The impact of both the 1969 task force report and the subsequent 1970 government white paper, *A Proposed Sports Policy for Canadians* (the Munro white paper), began to appear in the 1972–73 funding year, as shown in table 1–1.

With this increased level of funding, sport became an important element in federal government policies — socially, nationally, and internationally. Fitness and recreation funding, although still only a fraction of moneys expended on sport, kept relative pace with the increased spending in sport.

The purpose of this new policy and increased spending was addressed in the federal government's 1970 white paper.

Table 1–1
Schedule of Federal Funding: Sports, 1967–68 to 1980–81

	Amateur Sport	**Major Sports Events**	**Fitness and Recreation**	**Sport Centre and Misc.**	**Total**
			($ Millions)		
1967–68	$ 1.250	$ 0.462	$ 0.224	$ 1.658	$ 3.594
1968–69	1.151	0.539	0.264	1.856	3.810
1969–70	1.550	0.758	0.403	1.578	4.289
1970–71	2.132	0.642	0.472	1.003	4.249
1971–72	4.240	0.474	0.997	1.108	6.819
1972–73	6.055	1.008	2.300	1.837	11.200
1973–74	5.450	1.801	2.377	3.181	12.809
1974–75	6.332	1.552	2.634	2.121	12.639
1975–76	8.168	3.696[a]	3.038	2.423	17.325
1976–77	9.004	10.687[a]	3.785	2.046	25.522
1977–78	9.519	4.470	4.235	2.714	20.938
1978–79	17.982	0.135[b]	5.336	2.451	25.904
1979–80	15.674	0.178[b]	3.868	2.277	21.997
1980–81[c]	13.980	2.200	3.935	2.635	22.750

Source: *A Challenge to the Nation: Fitness and Amateur Sport in the* '80s (1981 white paper)

a. Includes capital payments for the 1978 Commonwealth Games.
b. Major part of funding provided from Loto Canada revenues.
c. Main estimates.

Note: In addition to the above, Fitness and Amateur Sport received as its share of the net proceeds of Loto Canada: 1977–78, $3.226 million; 1978–79, $2.401 million; 1979–80, $3.6 million; and 1980–81, $13.2 million (anticipated).

1970 White Paper

In presenting his 1970 white paper, Mr Munro began:

> OUR PURPOSE IS PEOPLE. We view sports and recreation as one means — and potentially, a crucial means — of helping Canadians get more out of life.[8]

Four specific reasons were cited for the support and encouragement of sport. The first was to counterbalance the "economic dehumanization" of society, with its tendency to focus on material gain. Sport has a tremendously important role to play in offsetting this economic orientation, the white paper explained, because "ideally, the values and characteristics it develops are non-economic — its prime focus is on health and personal satisfaction for their own sake."

The second reason cited the enhancement of good health — mental and physical — and the third, encouraging interaction with others, thereby improving the quality of life. Sport can be a rallying point for families and communities, offsetting "social stagnation."

The improvement of industrial life through involvement in recreation in the workplace was the fourth reason cited. "In short," the white paper stated, sport "helps restore a human soul and sense of human fraternity to what otherwise might remain just another agent of depersonalization."

The minister pointed to the three elements that were robbing sport of its potential for "re-creation":

> the "Work Ethic" hangover, the total devotion to a sophisticated, high-level competitive structure, and the close identification of sports with economic and commercial ends.

As the white paper stated:

> *[C]ompetition is healthy and victory is pleasant, but so is plain participation in a recreational manner or in a loose, pick-up competitive fashion. If sports is to be an alternative to destructive social forces and not a mirror, it should cease to ape excess of technology in the elaboration and regimentation of its competitive system — especially when the labyrinthian structure is exclusively devoted to the small handful of top national and international class athletes.*
>
> *It should also not enshrine victory as a sole worthy objective of sports participation.* [Emphasis added]

There was to be a new focus of the administrative effort in Canadian sports. The pursuit of excellence and success in the international arena was to be viewed

> *as a consequence and not as a goal of mass participation — with its main value being not in the glitter of gold but in the inspiration it gives for even greater popular involvement in sport from all ages and classes.*
>
> This is the fundamental reason why we feel that the time has come for the pendulum to take a healthy swing in the opposite direction from the way it has been going on in Canada's sports scene. We firmly feel — and we strongly hope — that it will also work to the advantage of excellence. But even if its success in meeting that objective is not better than the current status quo, we — all of us — will at least have assisted in achieving something very tangible and meaningful — the most important component in the strength of our nation — a greater opportunity for all of our people to enjoy themselves and rehabilitate their environment, in their leisure time. [Emphasis added]

The white paper contained the first commitment of the federal government to direct funding of "promising athletes," by way of grants-in-aid of up to $2000 "to somewhat offset the enormous costs of competition." The minister stressed that the grants would not be tied to performance, nor would they even closely be related to competition. They could be obtained by a student at any recognized post-secondary institution, not necessarily a university, and were available even to "worthy athletes who do not attend any educational institution."

The 1970 white paper was never debated or ratified in the House of Commons. Notwithstanding the paper's fine sentiments, it is a fact that the specific program proposals it contained were geared to establishing the agencies and programs recommended by the 1969 task force report. These agencies and programs focused upon — and continue to have as their focus — high-level competitive sport. Indeed, when Mr Munro tabled his white paper in 1970, he was able to tell the House of Commons that more than 80 percent of the recommendations of the 1969 task force had been put in place. The bulk of funding would now go to sport, as opposed to fitness and recreation.

Competitive Sport Versus Recreation

In 1971 Canada learned that it had won the competition to host the 1976 Olympic Games in Montreal, and later that year the health and welfare minister hosted a national conference on Olympic '76 development. Although the minister emphasized the government's official position that a broad-based sport and fitness program and the development of elite athletes were inextricably linked, it appears that the focus of the conference was on devising ways to improve Canada's performance in international sport events, particularly in the 1976 Olympics. Part of that focus was the initiation of the "Intensive Care" program, which allowed athletes with potential to win medals at the 1976 Olympic Games to apply for supplementary funding for training and competition. This program was replaced by "Gameplan" in 1973–74, which also related funding to performance.

In 1976 Iona Campagnolo became the first minister of state responsible for fitness and amateur sport. The expanded status of this branch of the Department of National Health and Welfare reflected the increased importance of competitive sport in government policies.

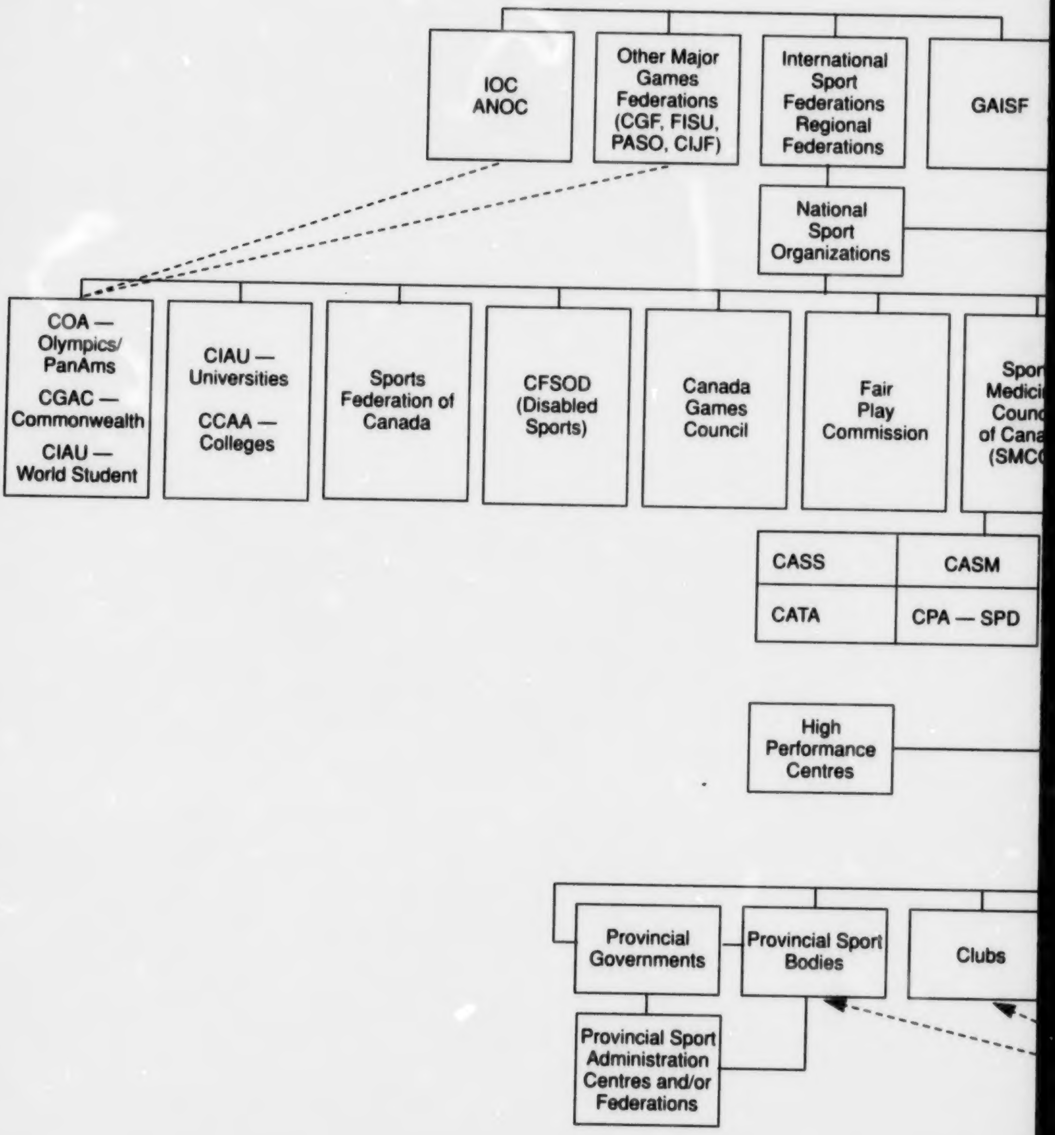
Around the same time, the federal government was relinquishing the recreation field to the provinces. Recreation Canada, which had been established in the early 1970s as a division of Fitness and Amateur Sport, in 1977 changed its title to Fitness and Recreation Canada. At the 1978 national conference of provincial cabinet ministers responsible for recreation, the minister of state for fitness and amateur sport recognized the primacy of the provinces in the field of recreation and proposed that the federal government would gradually withdraw from it, although Ottawa would continue to supply support at the national level. In 1980 "Recreation" disappeared from the title of Fitness and Recreation Canada, and the division became known as Fitness Canada.

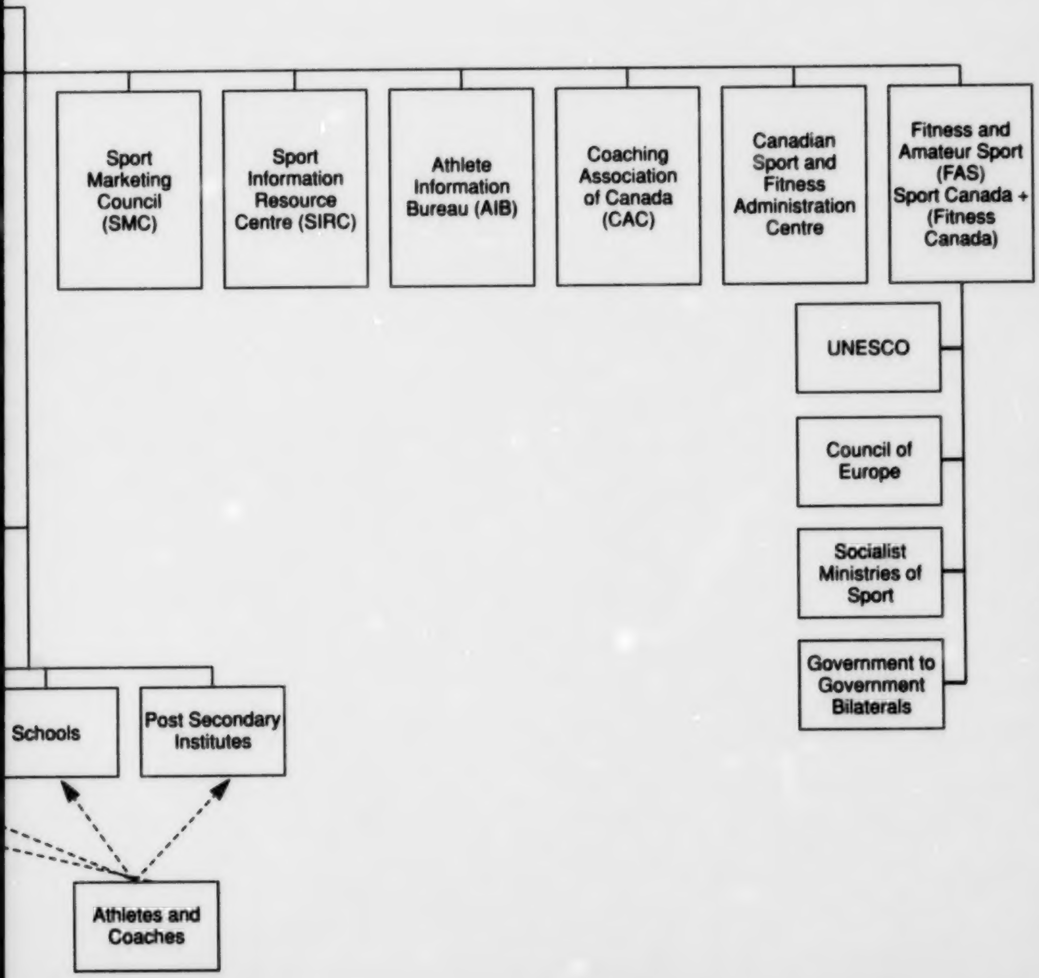
CANADIAN SPORT COMMUNITY: STRUCTURE AND FUNDING

Legacy of the 1969 Task Force Report

A number of organizations and arm's-length agencies were established as a result of the recommendations of the 1969 task force. These bodies are still functioning today, albeit under slightly different titles. As well, Canadian amateur sport was to develop an intricate network connecting local, national, and international organizations. Figure 1–1 illustrates the components and relationships within the Canadian sport community.

Figure 1–1
The Sport Community


IOC
ANOC
Other Major Games Federations (CGF, FISU, PASO, CIJF)
International Sport Federations Regional Federations
GAISF
National Sport Organizations
COA — Olympics/ PanAms
CGAC — Commonwealth
CIAU — World Student
CIAU — Universities
CCAA — Colleges
Sports Federation of Canada
CFSOD (Disabled Sports)
Canada Games Council
Fair Play Commission
Spor Medici Counc of Cana (SMC
CASS
CASM
CATA
CPA — SPD
High Performance Centres
Provincial Governments
Provincial Sport Bodies
Clubs
Provincial Sport Administration Centres and/or Federations


Sport Marketing Council (SMC)
Sport Information Resource Centre (SIRC)
Athlete Information Bureau (AIB)
Coaching Association of Canada (CAC)
Canadian Sport and Fitness Administration Centre
Fitness and Amateur Sport (FAS) Sport Canada + (Fitness Canada)
UNESCO
Council of Europe
Socialist Ministries of Sport
Government to Government Bilaterals
Schools
Post Secondary Institutes
Athletes and Coaches

The 1969 task force recommended the creation of an independent body, to be known as Sport Canada, "to provide a focus for the administration, support and growth of sport in Canada." The Department of National Health and Welfare did not go so far as to make Sport Canada independent and arm's-length, as the task force had recommended. It did, however, create the National Sport and Recreation Centre to overcome the poor organizational and administrative capacities of most national sport organizations. That centre is now known as the Canadian Sport and Fitness Administration Centre. There are today approximately sixty national sport organizations housed at the centre along with a number of other umbrella agencies that serve the sport system. About nine hundred employees are involved in sport management. In the 1987–88 fiscal year, this body received $6.67 million from Sport Canada in core support and for projects. That figure includes funding for the Athlete Information Bureau and the Sport Marketing Council.

Hockey Canada was established in 1969 for the purpose of managing and financing the national hockey teams of Canada. It received $560,000 from Sport Canada in the 1987–88 fiscal year.

The Coaching Association of Canada, created in 1971 in response to the task force recommendations, is, according to testimony from Lyle Makosky, assistant deputy minister for fitness and amateur sport, a "forum, a professional grouping of national coaches who meet to talk about common concerns." The association was created to help develop coaches through better educational programs, and it administers the national coaching certification program. In 1987–88 this body received $2.5 million from Sport Canada.

The Athlete Information Bureau, created in 1975, provides a source of information to the media on the background of high-performance athletes. Funding in 1987–88 from Sport Canada was $1.1 million.

The Sport Information Resource Centre was created in 1973 and in 1975 became an independent and corporate nonprofit body. Funding from Sport Canada in 1987–88 was $546,315. According to Mr Makosky

> [The Sport Information Resource Centre] is now the largest database on the technical development and practice of sport in the world. It is recognized by UNESCO as the recognized world database on sport in the English language; [it] contains close to some 250,000 citations that are a product of several thousand journals from all over the world in all languages that are indexed every day and every month by the staff of the Sport Information Resource Centre.

The Sport Medicine Council of Canada (SMCC), also the result of a recommendation of the 1969 task force, was created in 1978 as an umbrella group to bring together four agencies: Canadian Association of Sports Sciences; Canadian Academy of Sport Medicine; Canadian Athlete Therapist Association; and Canadian Physiotherapy Association — Sport Physiotherapy Division. Team doctors, physiotherapists, massage therapists, and others are drawn from this body to accompany national teams. In 1983 a committee of the SMCC was created to deal with issues related to doping in amateur sport. Funding in 1987–88 from Sport Canada was $1.22 million.

Also resulting from the task force report was the national team concept, recommended as a means for enhancing high-performance sport. It is this concept that has resulted in the development of high-performance centres (discussed in detail later in this chapter). Finally, the Commission for Fair Play was created in 1986, initially to focus on the question of violence in sport but more recently expanding into other areas concerned with ethics in sport.

The 1980s

In 1976, when Iona Campagnolo was appointed the first minister of state for fitness and amateur sport, her mandate was to produce a coherent national policy on sport. The appointment reflected the increasing prominence of sport in the national psyche resulting from the 1976 Montreal Olympic Games and the success of the Canada Games during the 1970s. It was also a measure of the increased funding allotted to fitness and amateur sport and of the expanded awareness of the political implications of the sport movement.

In 1979 Ms Campagnolo produced a white paper, *Partners in Pursuit of Excellence*, which had been preceded by two green papers, one on sport and the other on fitness and recreation. The white paper's thrust was almost exclusively in the direction of sport and the goal of achieving the highest pinnacle of athletic performance in international competition. But the government fell shortly after the white paper was tabled, and little was done to implement its proposals. Two years later, however, a white paper tabled by the new minister of state for fitness and amateur sport, Gerald Regan, confirmed the government's intent to focus on high-performance sport and excellence in the international field.

1981 White Paper

The 1981 white paper, entitled *A Challenge to the Nation: Fitness and Amateur Sport in the '80s*, made it clear that the government intended to "ensure that the momentum generated by the 1976 Olympics and the 1978 Commonwealth Games is carried into the 1980s and taken to new heights."[9] The white paper indicated that block funding would be available to national sport associations that demonstrated competence in administrative and financial matters, thus permitting long-term planning and greater flexibility for their programs. National training centres would be established; assistance to athletes, tied to performance, would be increased; there would be a new hosting policy for major sports events; and the government would "focus its energies and resources on the pursuit of excellence in amateur sport." The focus was not simply on the Olympics but also on the Commonwealth and Pan American games. It was known in 1981 that Calgary would be the host city for the 1988 Winter Olympic Games, and the timing of the Regan white paper was therefore fortuitous.

The white paper included "Initiatives for Fitness for the 1980s," noting that the decade would see

- a redirection of the efforts of "Participaction," the independent nonprofit organization established in 1971 to motivate the general public to become more physically fit;
- continued priority given to the training of leaders in the fitness and recreational fields;
- an emphasis on programs aimed at increasing the involvement of women in the management of national sport and recreation organizations;
- support for physical recreation and sport for people with disabilities (1981 was the International Year for Disabled Persons);
- pilot projects for fitness in the workplace;
- funding for research and the collection and distribution of data and information on fitness; and
- cooperation with national sport-governing bodies to develop programs for the learning of basic sport skills.

The Regan white paper linked success in sport to national pride and emphasized the pursuit of excellence in amateur sport. "*This commitment*," it explained, "*means that the government's support will be largely channelled in the direction of* *international competitions such as the Olympic, Commonwealth and Pan American Games — as well as bilateral competitions.*" [Emphasis added]

All these initiatives required a further infusion of federal government funds, and the rate of funding increased rapidly.

Role of Sport Canada

The federal government, through Fitness and Amateur Sport and, more particularly, Sport Canada, had now become a major financial player in the sport movement. The extent of the federal government's control of and involvement in sport policy is illustrated in figures 1–2 and 1–3. As figure 1–2 shows, Sport Canada is one of five directorates within Fitness and Amateur Sport. Figure 1–3 provides a breakdown of Sport Canada. Appendix F includes the mandate of Fitness and Amateur Sport along with an outline of Sport Canada's areas of responsibility.

The Sport Canada mandate is

- to provide leadership, policy direction and financial assistance for the development of the Canadian Sport System;
- to provide support for the attainment of the highest possible level of achievement by Canada in international sport;
- to provide support for initiatives aimed at increasing the number of Canadians participating in sport.

In order to achieve its mandate, Sport Canada's major goals are

- to assist in the development of an integrated sport system in Canada which would provide an increased range and quality of comparative opportunities for all levels of athlete and sport participant;
- *to coordinate, promote and develop high performance sport in Canada* in conjunction with recognized national sport organizations;

- to coordinate, promote and develop domestic sport programs in conjunction with national sport organizations and provincial governments;
- to provide administrative and technical leadership, policy direction, consultative services and financial resources to assist national sport organizations to function effectively as the primary agents for the development of their sport in Canada;
- *to develop federal government policies for sport*;
- to maintain a data base on Canadian sport and to undertake research, special studies, surveys and evaluations on various aspects of the Canadian Sport System. [Emphasis added]

Figure 1–2

Fitness and Amateur Sport

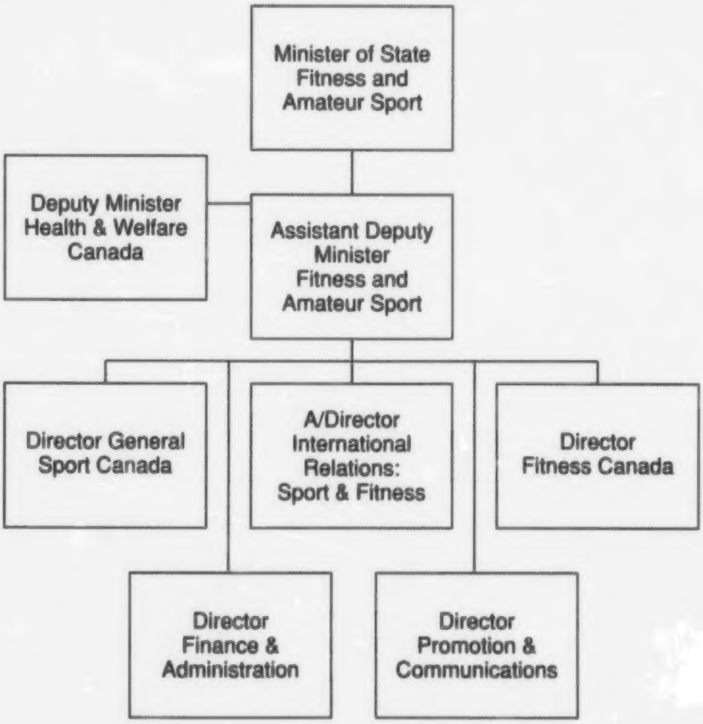
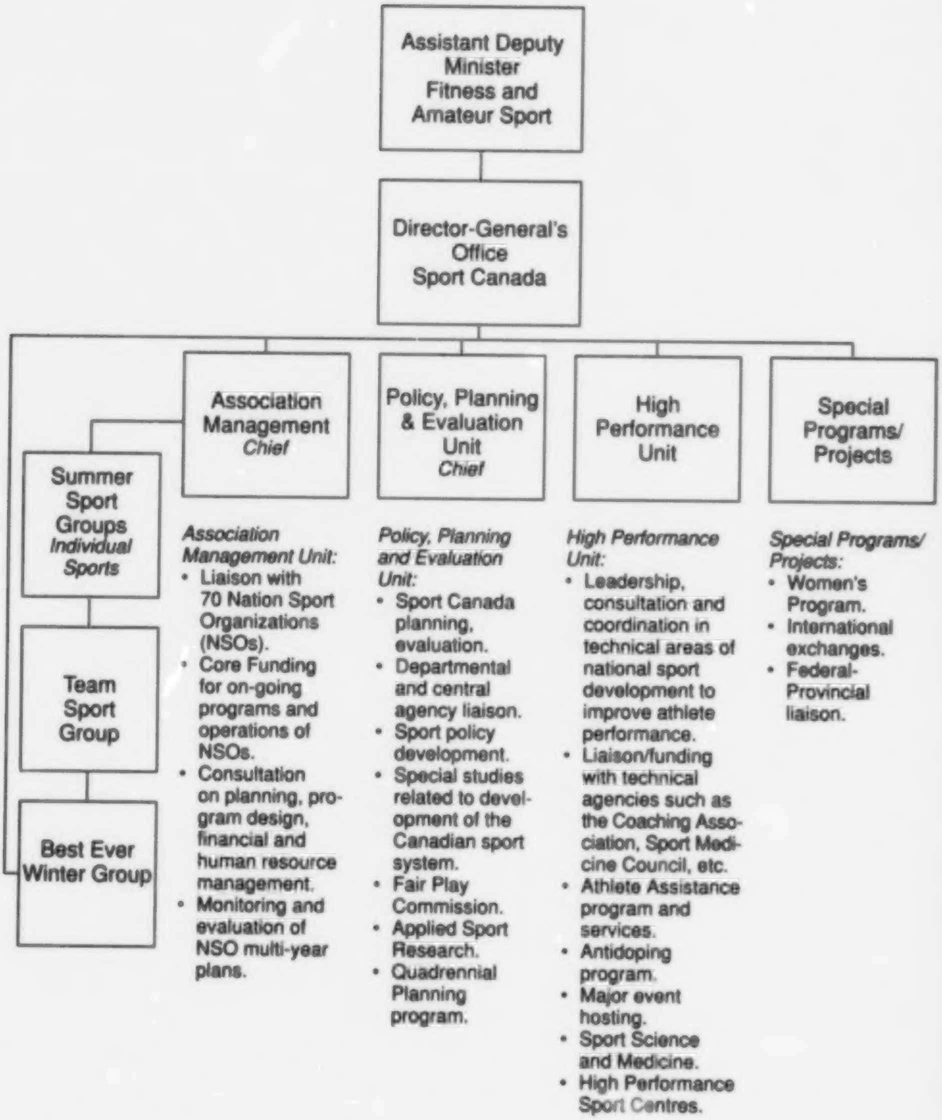

Minister of State Fitness and Amateur Sport
Deputy Minister Health & Welfare Canada
Assistant Deputy Minister Fitness and Amateur Sport
Director General Sport Canada
A/Director International Relations: Sport & Fitness
Director Fitness Canada
Director Finance & Administration
Director Promotion & Communications

Figure 1–3
Sport Canada


Assistant Deputy Minister Fitness and Amateur Sport
Director-General's Office Sport Canada
Association Management *Chief*
Policy, Planning & Evaluation Unit *Chief*
High Performance Unit
Special Programs/ Projects
Summer Sport Groups *Individual Sports*
Team Sport Group
Best Ever Winter Group

Association Management Unit:
- Liaison with 70 Nation Sport Organizations (NSOs).
- Core Funding for on-going programs and operations of NSOs.
- Consultation on planning, program design, financial and human resource management.
- Monitoring and evaluation of NSO multi-year plans.

Policy, Planning and Evaluation Unit:
- Sport Canada planning, evaluation.
- Departmental and central agency liaison.
- Sport policy development.
- Special studies related to development of the Canadian sport system.
- Fair Play Commission.
- Applied Sport Research.
- Quadrennial Planning program.

High Performance Unit:
- Leadership, consultation and coordination in technical areas of national sport development to improve athlete performance.
- Liaison/funding with technical agencies such as the Coaching Association, Sport Medicine Council, etc.
- Athlete Assistance program and services.
- Antidoping program.
- Major event hosting.
- Sport Science and Medicine.
- High Performance Sport Centres.

Special Programs/ Projects:
- Women's Program.
- International exchanges.
- Federal-Provincial liaison.

According to Mr Makosky, the federal government does not deliver programs for mass sport or participative sport but considers itself responsible for setting the direction for provinces and communities. Mr Makosky said at the hearings that the most important component is financial support for national sport agencies. He emphasized that the role of the federal government is restricted to financial contribution and is not regulatory. In particular, the federal government neither grants eligibility to an athlete to compete nationally or internationally, nor does it select athletes for teams.

In principle, Mr Makosky is correct in stating that the role of the federal government is restricted to financial contribution. In practice, however, federal funding props up the entire sport system, and so its role appears to be much more significant. It is appropriate that, because the Government of Canada makes such a substantial financial contribution to the sport organizations, it be concerned with the manner in which these funds are expended and have the authority to withdraw funding if these organizations are not carrying out the objectives for which they receive such moneys. In that sense, the government does exercise regulatory authority. Indeed, one of Sport Canada's major roles is to coordinate, promote, and develop high-performance sport.

In particular, the government plays a dominant role at the level of high-performance athletics. This level of involvement has been the subject of some criticism, as indicated in the brief submitted to the Inquiry by the Coaching Association of Canada:

> At present the Canadian sport system might be described as having a significant bureaucratic and administrative bias. If this is so, there is also little evidence to show that this tilt enhances athletic performance at any level.

Donald Macintosh, who has written widely on the subject of sport and politics in Canada, was also critical of the dominant role played by Sport Canada in high-performance sport. In his opinion, the people most involved in shaping the organization of high-performance sport in Canada in recent years have been sport administrators, who are paid indirectly by the government, and public servants.

FEDERAL CONTRIBUTIONS TO SPORT

In recent years, Fitness and Amateur Sport's funding of sport has exceeded $50 million annually. The bulk of this funding has been directed towards the national sport organizations, with the balance distributed among the Athlete Assistance Program, staging the Canada Games and other events, and the Canadian Sport and Fitness Administration Centre. In 1987–88 Fitness and Amateur Sport's contributions were $51.1 million to Sport Canada, $7.4 million to Fitness Canada, and $9.3 million for operating costs. In addition, other sources of significant federal funding are directed towards the staging of major games.

National Sport Organizations

The national sport organizations (NSOs) are nonprofit corporations housed in the federally funded Canadian Sport and Fitness Administration Centre in Ottawa. From the perspective of the federal government, the NSOs are pivotal organizations in Canadian amateur sport. The federal government provides funding only to those national organizations that meet its definition of sport, are active in at least eight provinces, and have membership of several thousand. There are about sixty sports that make up approximately sixty-five recognized NSOs.

The bulk of Fitness and Amateur Sport funding is directed to the NSOs. Government is not, however, the only source of funds for these bodies. Approximately $87 million flows through the books of the NSOs, of which 56 percent is contributed by government. The remaining 44 percent is raised by fund-raising efforts of the NSOs. Internal sources — member fees, sales of goods and services to participants in the sport, and so on — provide 55 percent of these self-generated funds, with 45 percent coming from external sources such as corporate sponsorships. Sport Canada funding of the NSOs in 1987–88 was $42.7 million. (Government contributions to the individual organizations are listed in appendix D.)

The NSOs develop policy and programs for their sports, run national and international competitions, select the national teams, and are responsible for certification of coaches and officials. Athletes become members through club and school teams affiliated with the NSO or with a provincial sport body affiliated with the NSO.

Each NSO, or in exceptional circumstances a group of related NSOs, is recognized by an international federation (IF). The IFs organize world championships, control international competitions, certify officials for international competitions, and represent the particular sport in the major games organizations, such as the International Olympic Committee (IOC) and the Commonwealth Games Federation (CGF). As an example of the infrastructure, the IOCs and the IFs negotiate which athletes are to be eligible to participate in the Olympic Games.

The NSO of a particular sport can organize competitions. If an athlete wishes to compete in the national championships sanctioned by an NSO or wishes to compete internationally, he or she must be a member of the NSO, since the

IFs recognize only one national sport organization in their sport in each country. An athlete wishing to compete internationally in track and field, for example, must be a member of the Canadian Track and Field Association, which is the NSO recognized by the International Amateur Athletic Federation (IAAF), with headquarters in London, England.

A brief glance at the list of organizations that received federal government funding in 1987–88 (appendix D) shows that the level of funding ranges from a low of $4000 to the Canadian Square and Round Dance Society to a high of $2.19 million to the Canadian Track and Field Association. Basketball, rowing, swimming, hockey, and skiing each received in excess of $1 million.

Funding is contributed in two forms: core support, which funds the ongoing administrative and programming activities of the national sport body, and funding for particular programs. Core support accounted for approximately $28 million in 1987–88. Submissions for core funding are made to Sport Canada and, following "exhaustive review," a funding recommendation is made to the minister. Upon ministerial approval, the funds begin to flow.

In determining the level of funding to be provided to a particular sport, Sport Canada has a formal system of ranking sports: the sport recognition system. According to Abby Hoffman, director general of Sport Canada, this system "provides us with a common standard for assessing and then classifying and ranking all of the individual sports that we deal with."

Once a body has met the basic criteria for government funding, the degree of funding is set by "the scope and success of that organization," according to two standards. The first is the domestic category, which has to do with the number of registered competitors in the sport in the country. The second is the high-performance ranking of the sport, either at the Olympic or world championship level. Sport Canada looks to top eight finishes as an indicator of world-class achievement.

Athlete Assistance Program

Direct financial assistance is provided to high-profile athletes through the carding system. As of January 10, 1989, Sport Canada directly funded 839 athletes by way of the Athlete Assistance Program (AAP). These are the "carded" athletes.

Ms Hoffman explained that the AAP

> financially assists Canada's top amateur athletes to defray day-to-day living and training expenses to enable them to successfully pursue sports excellence while maintaining educational or career development. The Athlete Assistance Program is complementary to Sport Canada's Core Support Program, which provides funds to NSOs for national team training, coaching, and competitive programs.

The program is universal; that is, it does not administer a means test.

The AAP classifies athletes into A, B, C, C–1, D, R, and J categories. The top levels, A, B, C, and C–1, represent national competitors; they receive monthly allowances of $650, $550, $450, and $350, respectively. Athletes at the D level, not yet national competitors, receive $300 monthly. Two new categories for team sport, R and J cards, were added in 1987–88 for reserve athletes just below the national team level and for junior team athletes. They receive $250 and $150 per month, respectively.

The A and B cards, available only for Olympic events, are based on results at Olympic Games or world championships. The criteria change according to the number of events each country is entitled to enter, but generally for an A card the athletes must be in the top eight in the world and the top one-third of the field, and for a B card the top sixteen in the world and the top one-half of the field. The C and D cards are available to athletes with a potential to reach a higher status. The C–1 card is probationary for the first year in which the athlete satisfies the C-card criteria. Most carded athletes are at level C.

Athletes in non-Olympic sports are eligible for C status if (1) they finish in the top six in the world championships or equivalent if twenty countries participate; (2) they finish in the top three with ten to nineteen countries participating (with a minimum of ten entries for team events or fifteen entries for individual events); or (3) they finish first with five countries participating and ten entries in an event.

The national sport bodies together with Sport Canada establish criteria for the carding levels. These criteria change periodically, as they did, for example, in weightlifting. Experts in that sport determined that international performances were skewed by drug use. Consequently, in 1987 Sport Canada lowered the criteria for C cards in weightlifting. The national sport bodies are responsible for the criteria and for nominating individual athletes and setting out their obligations in a contract.

Athletes can receive not only a monthly living and training allowance but also tuition, special-needs assistance, and extended assistance after finishing their athletic careers. The extended assistance is designed to help athletes continue their education or embark on a career path. Table 1–2 sets out the number of recipients since 1985, and table 1–3 sets out the payments under the Athlete Assistance Program.

The 839 athletes directly funded by Sport Canada in January 1989 included 62 A cards, 78 Bs, 364 Cs, 151 C–1s, 114 Ds, 25 Rs, and 45 Js. Some $3.8 million was allocated to summer Olympic athletes, $675,000 to winter Olympic athletes, $91,000 to non-Olympic athletes, and $52,000 to athletes with disabilities. (A table showing carding allocation by sport appears in appendix E.)

Major Games

The federal government, through various sources, among them Fitness and Amateur Sport, provides funding for the staging of such major games as the Canada Games, the Francophone Games, the Commonwealth Games, the Pan American Games, and the Olympic Games.

Canada Games

The Canada Games, in which athletes from across the country participate, are held every two years in a different province. By 1991, when the games are held in Prince Edward Island, each province will have hosted them at least once. Federal government contributions towards these games are listed in table 1–4.

Francophone Games

The first Francophone Games were staged in Morocco in July 1989, with representatives of thirty-nine French-speaking countries, principalities, and provinces competing

Table 1–2
Athlete Assistance Program: Recipients

	No. of Athletes	Card						
		A	B	C	C–1	D	J	R
1985–86	745	124	70	551				
1986–87	793	107	80	384	148	74		
1987–88	856	103	92	415	121	70	35	20

Source: Fitness and Amateur Sport *Annual Report*, 1987–88, 22

Table 1–3
Athlete Assistance Program: Payments

Payment Categories	1985–86	1986–87	1987–88
Living Allowance	$4,430,403	$4,481,876	$4,474,655
Tuition	310,194	338,680	270,155
Special Needs	19,922	8,165	9,079
Extended Assistance	124,200	170,532	61,942
Total	$4,884,719	$4,936,253	$4,815,831

Source: Fitness and Amateur Sport *Annual Report*, 1987–88, 22

Table 1–4
Fitness and Amateur Sport Funding of Canada Games, 1967–91

		Location	Capital	Operating	Total
1967	(W)	Quebec City, Que.	$ —	$ 714,000	$ 714,000
1969	(S)	Halifax, N.S.	300,000	838,000	1,138,000
1971	(W)	Saskatoon, Sask.	200,000	900,000	1,100,000
1973	(S)	Burnaby, B.C.	640,000	699,986	1,339,986
1975	(W)	Lethbridge, Alta	580,000	1,300,000	1,880,000
1977	(S)	St John's, Nfld	1,000,000	2,533,683	3,533,683
1979	(W)	Brandon, Man.	1,150,000	2,524,000	3,674,000
1981	(S)	Thunder Bay, Ont.	1,500,000	3,300,000	4,800,000
1983	(W)	Saguenay/Lac Saint-Jean, Que.	2,000,000	3,500,000	5,500,000
1985	(S)	Saint John, N.B.	4,500,000	5,000,000	9,500,000
1987	(W)	Cape Breton, N.S.	2,500,000	4,800,000	7,300,000
1989	(S)	Saskatoon, Sask.	2,500,000	5,415,000	7,915,000
1991	(W)	Charlottetown, P.E.I.	4,500,000	5,200,000	9,700,000
Total			$21,370,000	$36,010,669	$57,380,669

Source: Figures supplied by Fitness and Amateur Sport.

Notes: These figures represent total funding for each games meet; for example, the $7.3 million contributed towards the 1987 Cape Breton games would have been advanced over the three or four years prior to the actual event. W = winter games. S = summer games.

in athletic and cultural events. The federal government allotted $4.2 million for the games, of which $3 million went to the Moroccan organizing committee as the Canadian contribution; $390,000 went to Fitness and Amateur Sport; $747,000 to the Department of External Affairs; and $63,000 to the Department of Communications. The 1993 games will take place in Essonne, France.

Commonwealth Games

The Commonwealth Games are held every four years, two years after the Olympics. Edmonton hosted the 1978 games, with the federal government contributing $20 million to their staging. The federal government has committed $50 million towards the staging of the 1994 games in Victoria. These sums are in addition to the regular funding provided annually to the Commonwealth Games Association of Canada: $39,220 in 1987–88; $350,000 in 1986–87; $264,450 in 1985–86. Funding is higher in a year when the games are staged and, in preparation for the event, in the preceding year.

Pan American Games

The Pan American Sports Organization is a regular subcommittee of the International Olympic Committee. The last time these games were held in Canada was in 1967, in Winnipeg. Other than in a year when the Pan American Games are staged in Canada, funding for them is contained in the annual funding for the Canadian Olympic Association.

Olympic Games

The International Olympic Committee (IOC) is the body that holds the keys to what has been described as the ultimate sports club: the Olympics.

IOC vice-president Richard Pound described for the Commission the organization of the committee. Members are chosen by the IOC to be its representatives in countries around the world. Each member is an individual representative of the IOC in a particular country, not the country's representative to the IOC. There are ninety-two members; those appointed prior to 1966 are members for life, and newer members must retire at the age of seventy-five. The members of the IOC are volunteers (they are reimbursed for expenses). The major countries or countries having hosted past Olympic Games are entitled to a maximum of two IOC members. The IOC meets annually, with an additional meeting held in the year of the winter or summer games.

The eleven-member executive board of the IOC is composed of a president, three vice-presidents elected for four-year terms, and seven members-at-large elected for four-year terms. There are approximately eighty employees, most of them at the headquarters in Lausanne, Switzerland.

The Canadian Olympic Association (COA) is one of 167 national Olympic committees. These committees meet annually in the Association of National Olympic Committees (ANOC), and the ANOC meets with the IOC executive board every second year. The COA is primarily responsible for the Canadian contingent to the Olympic Games as well as to the Pan American Games. For an athlete to be selected by the COA for the Canadian Olympic team, he or she must be on the list of potential team members submitted by the athlete's national sporting organization. The IOC has no formal links with the international sport federations, which, like the national Olympic committees, are autonomous sport organizations.

There are two sets of Olympic Games — the summer games and the winter games — each staged every four years. Countries bid for the opportunity to host the games. (The

Canadian government has committed up to $2.4 million to support Toronto's bid for the 1996 summer games.) In 1988 Canada was the host country and Calgary the host city of the Winter Olympic Games.

1988 Winter Olympics The federal government contributed $224,848,727 to the Calgary Olympics. (A breakdown is given in table 1–5.)

Table 1–5
Federal Government Contribution to Calgary Olympics (Winter 1988)

Facilities		
Canada Olympic Park	$70,165,912	
Olympic Speed Skating Oval	39,963,827	
Saddledome	29,681,400	
Fr. David Bauer Arena	2,184,088	
Total (facilities)		$141,995,227
Operational Assistance		49,463,500
Olympic Endowment Fund		33,390,000
Grand Total		$224,848,727

Source: Fitness and Amateur Sport, Funding Summary, Office for the 1988 Olympic Winter Games

The original commitment was for $200 million in 1982–83 dollars. These expenditures came out of the Department of National Health and Welfare budget and are additional to those appearing in the Fitness and Amateur Sport annual budget. (In 1987–88 Sport Canada funding to the Canadian Olympic Association was $1.07 million.)

The $225 million contribution was from nontax revenues. When the federal government relinquished the lottery field to the provinces in 1985, it entered into an agreement with the provinces by which the federal government received $100 million from lottery revenues. This amount was the main component of the federal government's commitment to the Olympics. Further revenues were derived from marketing Olympic coins and from the seigniorage on the new one-dollar coin introduced in 1987.

The Olympic Endowment Fund, to which the federal government contributed $33.4 million, is a trust fund set up to ensure that there will be future funds available for the maintenance of Olympic facilities. The Calgary Olympic Development Association (CODA) is the administrator of the endowment fund. Because of the nature of the Calgary facilities, it was anticipated that as a whole they would not be self-supporting. For example, the revenues from operating such a specialized facility as the luge-bobsleigh run do not pay for its upkeep, and so the endowment-fund revenues ensure it remains available for public use. Conversely, the Saddledome does not require moneys from the fund. It is not only self-supporting but actually contributes funds to amateur sport. (The major beneficiaries of Saddledome revenues have been Hockey Canada and the Canadian Amateur Hockey Association, the City of Calgary Parks and Recreation Department, and CODA. As of March 31, 1988, these organizations had each received $680,000 as a result of the Saddledome's profitable operations.)

There is an agreement in place with the operators of the Olympic facilities and the federal government to apportion use among the public, high-performance athletes, and university athletic programs.

The federal government was not the only contributor to the provision of facilities for the Olympics. The City of Calgary contributed more than $30 million to the building of the Saddledome and the province contributed more than $100 million to the facilities. In addition, the Olympic Organizing Committee raised more than $500 million from television rights, sponsorships, ticket sales, and marketing, of which $36 million was put into an endowment fund (for the same purposes as the federal government's endowment fund), $36 million was given to the COA after the games were over, and the balance was used to run the games.

1976 Summer Olympics According to Fitness and Amateur Sport, the federal government's contribution to the 1976 Montreal Olympics was $142 million. In addition, the Olympic coin and stamp program instituted by the federal government brought in $115 million and the Olympic lottery, $235 million. The Government of Quebec contributed $25 million, the Government of Ontario, $1 million, and the City of Montreal, $8 million. The total cost of the games was $1.596 billion. The deficit was just under $1 billion. (The City of Montreal funded $200 million of that deficit, and the $790 million balance was financed through Government of Quebec loans.)

PROVINCIAL FUNDING OF SPORT

The federal government and the provincial governments have cooperated in funding sport. Provincial governments and municipalities contribute substantially to the sport facilities used by all athletes across the country, including, of course, those who have left the provincial arena to enter national and international competition. In addition, provincial governments make direct contributions to sport organizations within their provinces.

Robert Secord, assistant deputy minister of the Ontario Ministry of Tourism and Recreation at the time of the hearings, explained the role of the Government of Ontario and indicated that the activity of the other provincial governments was comparable, in varying degrees. He said that Ontario funds seventy-three sport organizations, all single sport organizations with the exception of the group support office, which serves a number of smaller sports. Provincial and national sport organizations are often interrelated, and all but twelve of the provincial organizations are also serviced by Sport Canada. The total Ontario government funding for all seventy-three organizations — which serve a constituency of approximately 1.3 million members and 2.5 million "non-registered members" for a total of 3.8 million Ontario residents — is approximately $14 million. On average, the organizations receive half their funding from government and half from private and corporate support, membership fees, and so on.

Mr Secord said there are two objectives for funding the provincial sport organizations, one for people who participate in sport for satisfaction and enjoyment, and the other specifically for the development of high-performance athletes. The provincial government gives priority to the former group. The province assists athletes who are just below the level of the nationally carded athlete and have the potential to improve. As soon as an Ontario athlete becomes carded by Sport Canada, all provincial support ceases.

The Provincial Athlete Assistance Program began in 1977. Ontario has two levels of carding, gold and silver. For 1988–89, 503 athletes (299 gold, 204 silver) received average yearly allowances of $1500 and $667 for gold and silver, respectively. (The total expenditure allocated was $580,000.)

The highest provincial grant to any single organization is $950,000 for skiing (downhill, nordic, biathlon, nordic combined, and ski jumping). The next highest grants are for swimming ($680,000), gymnastics ($450,000), and figure skating and track and field (approximately $380,000 for each).

The province's annual contribution towards travel to provincial, national, and international competitions is $2.7 million.

The province also assists organizations hosting provincial, national, and international championships, with maximum grants of $5000, $10,000, and $25,000, respectively. In

1987–88 the province contributed $480,000 for the three categories of hosting.

The National Coaching Certification Program, which started in Ontario and developed into a national program, receives $300,000 annually.

The province supports four sport-development centres, which are similar to the federal high-performance centres (discussed below). These are a women's field hockey centre at the University of Toronto, a sailing centre in Orillia, a soccer centre in Oakville, and a water polo centre at the University of Toronto. In addition, the province contributes to fourteen centres at which the costs are shared with Sport Canada.

The Ontario government also contributes to the operation of the Ontario Sport Centre, which houses forty-one of the seventy-three provincial organizations. The province contributed roughly half of the centre's budget of $5.9 million in 1987–88.

HIGH-PERFORMANCE ATHLETES AND THE CHANGING CONCEPT OF AMATEURISM

Funding

Abby Hoffman identified the three funding needs of athletes as physical facilities, such as playing fields, gymnasiums, or pools; programs for training and competition; and human resources, including not only the athletes themselves but also, among others, coaches, officials, conveners, organizers, and administrators.

Facilities in general are provided by bodies other than the federal government, namely, municipalities and universities. Yet one of the paradoxes in the Canadian system, Ms Hoffman noted, is

> that the lowest level of government, the level that has really no responsibility for high performance athletes in any direct way somehow or another has ended up with the responsibility for building facilities . . . we have to count on the municipalities and the education system primarily. I mean if we didn't have the facilities constructed by those two authorities, we would . . . have to find some other means.

But, as noted earlier, some funding for facilities for staging special events is provided by virtue of the federal government's contribution to major games. For example, considerable government moneys are spent every two years to upgrade existing facilities and construct new ones at the host sites of the Canada Games.

The 1983 hosting policy of Sport Canada recognized that federal funds might be better used to develop high-performance sport than to construct facilities for major events, and in 1985 the minister for fitness and amateur sport, the Honourable Otto Jelinek, announced a moratorium on operating funds for major sport events. Nevertheless, the Fitness and Amateur Sport 1987–88 annual report shows funding for capital and operating costs for the Calgary Olympics at $1,070,747, and $4,070,305 for other major games. In addition, federal government sources outside of Fitness and Amateur Sport have contributed considerable sums to the staging of major games. For example, in addition to the Fitness and Amateur Sport contribution, almost $225 million of funding for the Calgary Olympics in 1988 was from the Department of National Health and Welfare budget.

Programs for training and competitions, the second area cited by Ms Hoffman, are funded by Sport Canada, with the national team's training and competition program representing "far and away the biggest block of funding that goes to the national sport bodies."

The high-performance athlete is, of course, the beneficiary of that funding, as well as of the more direct funding he or she receives through the previously discussed Athlete Assistance Program. In addition, the high-performance athlete is the recipient of services provided by those bodies housed in the Canadian Sport and Fitness Administration Centre, among them the Coaching Association of Canada, the Sport Medicine Council, the Sport Information Resource Centre, the Athlete Information Bureau, and the Sport Marketing Council. As well, the Canadian Interuniversity Athletic Union (CIAU) in 1987–88 received funding of $1.29 million from Sport Canada.

The federal government's Best Ever program is also directed towards the support of the high-performance athlete. It began in 1983 with an infusion of $25 million in funding to develop Canada's team for the 1988 Calgary Winter Olympics. In 1985 the program was extended to the Summer Olympics, with funding of $37.2 million. The federal government renewed its commitment to this program in 1988.

High-Performance Training Centres

Ms Hoffman, in her testimony, observed that Canada is one of the few countries that currently has a network of dedicated high-performance training centres specifically constructed for high-performance athletes.

Mr Makosky, in his testimony, described these centres as a "creation . . . or a service and a funded service, created by the Federal Government." The term "high-performance centre" does not, he suggested, refer to an actual physical edifice but more to a concept. "They are really not centres in terms of bricks and mortar . . . but rather concepts and places to train and focus national team development."

In its 1987–88 annual report, Fitness and Amateur Sport stated that the goal of the high-performance sport centres program is to "assist national sport organizations to establish quality training facilities where athletes, coaches and special services can be integrated into one, cost-efficient location."

In 1982 the federal government established the High Performance Sport Task Force to study the technical requirements of national sport-governing bodies. Two documents were produced in 1983: "High Performance Sport Centres — A Sport Canada Policy" and "High Performance Sport Centres — General Criteria." By June 1984 the establishment of these high-performance centres was well under way, and although one or two floundered there are now, according to Mr Makosky, some eighty-one such centres throughout Canada, seven of which were established in 1987–88.

Of the eighty-one centres across Canada, approximately half are located in universities. Others use municipal facilities. The Calgary centre will use the facilities built for the 1988 Winter Olympics.

Profile of the High-Performance Athlete

According to Ms Hoffman, the average age of the high-performance athlete is twenty-two years; the average age at retirement is twenty-six years. Some 50–60 percent of high-performance athletes have been on the national squad for three years, although they would have spent many years of intensive training reaching that level. The overwhelming majority of carded athletes are students or full-time athletes. Only 11 percent are employed full-time. As Ms Hoffman stated: "It's pretty clear that the fact of their involvement in high level sport was a significant barrier to their being employed full-time."

Some 32 percent of carded athletes have either completed an undergraduate degree or are pursuing one. According to Ms Hoffman, this rate is twice that for the general population. Ms Hoffman puts forward three possible reasons for this statistic: athletes generally are more intelligent than the average population; because of their involvement in high-level sport, carded athletes have time only for school and not for employment; and these individuals tend to come from a section of society which, because of socioeconomic factors, would in the normal course of events attend university. In support of the last argument, Macintosh, Bedecki, and Franks in their book on sports and politics in Canada found that "Canada's pool of high-performance athletes was drawn largely from the middle and upper class; thus a potential source of athletes from working-class backgrounds is essentially lost to the country."[10]

Some 65 percent of carded athletes receive no income from employment whatsoever. A large percentage of them are dependent on or receive financial support from their families. Half actually continue to live with their families during their involvement in high-level sport. The other half live at the high-performance centre locations.

According to a 1985 study of the carded athlete population, overall the athletes tended to be satisfied with their economic condition, although the older athletes were less satisfied. (The younger athletes indeed may be better off than their peers attending school, owing to the stipend from Sport Canada. Older athletes, in contrast, would compare themselves with contemporaries who have completed school and are now in the workforce.)

Some writers believe Canada's system of funding and support for these high-performance athletes does not allow them the best chance of competing against other countries in international competition, particularly the Eastern Bloc athletes:

> It is apparent that Canadian athletes are too young to compete with the more seasoned older athletes that are typically found in many events and teams in the Soviet Union and the Eastern-bloc countries. More incentives are needed to keep the best of Canada's young athletes in their sport until they reach a more mature age.[11]

In light of such observations and the extent of government funding of high-level competitive sport, it is appropriate to consider the changing concept of the amateur athlete.

Changing Concept of Amateurism

At the time of the revival of the Olympic Games in 1894, an athlete who accepted any material reward for engaging in a sporting activity forfeited the right to be regarded as an amateur and was banned for life from Olympic competition. The founders of modern Olympism hoped in this way to protect sport from the potentially corrupting influence of mercantilism and to preserve the high ideals of the Olympic movement: love of sport for its own sake, friendship among nations, and the pursuit of excellence. The rules were strictly applied and, although many athletes suffered the penalties of loss of medals and lifetime exclusion from Olympic competition, no doubt numerous transgressions were never discovered. The result was cynicism and accusations of hypocrisy, similar to those being levied today on the issue of performance-enhancing substances and practices.

In 1974 the International Olympic Committee abandoned what had been widely regarded for the previous seventy-five years as a keystone in its structure. The distinction between the "amateur" and the "nonamateur" athlete was no longer clear; henceforth, the IOC determined, athletes would be either "eligible" or "ineligible" to compete. Eligibility would be determined by the rules of the athlete's international federation.

Today, most federations allow their athletes to accept sponsorship money. Some insist that the money be put in a trust fund until the athlete retires. The rules vary from federation to federation, as does the extent to which the athlete can gain access to the trust funds during his or her career. In some countries, eligible athletes are full-time salaried employees of either the state or a sport body.

According to Ms Hoffman, "people in sport tend not to use the word amateur athlete. The tendency is to talk more about athletes who are eligible or ineligible, so the word amateurism I think is somewhat behind us now." Nevertheless, the legislation under which Sport Canada is authorized to fund athletes refers only to amateur sport, which it defines as "any athletic activity when engaged in solely for recreation, fitness or pleasure and not as a means of livelihood."

I note at various points throughout this report how closely this changing concept of amateurism is linked to many of the problems that now beset high-level sport, and I will deal with the subject again in my conclusions and recommendations.

GOVERNMENT'S LONG-TERM GOALS

The 1988 Task Force Report

The momentum towards the establishment of an elite cadre of world-class Canadian athletes and a system of ensuring its succession has carried forward to the 1990s. In February 1987, the minister of state for fitness and amateur sport, Mr Jelinek, established a task force to prepare a report to assist in charting a course for Canadian sport in the 1990s. Co-chaired by Abby Hoffman, director general of Sport Canada, and Lyle Makosky, assistant deputy minister of fitness and amateur sport, it was to set "[b]road goals, directions and priorities for Canadian sport in the domestic and high performance sectors."[12]

In its report, *Toward 2000: Building Canada's Sport System*, the task force set out eight long-term goals:

1. [*The sport system in Canada*] To establish a coherent Canadian Sport System for athlete development and participation based on sport specific models and systems in which all roles, responsibilities and linkages are clearly understood and accepted.
2. [*High-performance sport*] To develop a Canadian Sport System which will provide opportunities to enable athletes with talent and dedication to win at the highest level of international competition.
3. [*Domestic sport*] To encourage the development of an integrated community-based sport system within the national framework which will provide an increased range and quality of competitive opportunities for all levels of participants and which will utilize as one of the primary delivery mechanisms the sport club.
4. [*International sport leadership*] To enable Canada to maintain a high level of success and visibility in the international sport circles, both governmental and non-governmental, and to ensure that Canada provides leadership in the international sport community at least concomitant with its current record of international success.
5. [*The status of the high-performance athlete*] To ensure that athletes central to the achievement of Canada's high performance objectives will be financially supported on a combined need-reward basis and that this support will be available through public subsidies, private sector sponsorship, prize money and/or income from employment as athletes.
6. [*Sport as a component of Canadian culture*] To ensure that sport is articulated, recognized and valued as an integral part of Canadian culture and as a cultural form.

7. [*Financing of sport*] To secure the level of funding required by the sport system and specific sport programs to achieve the National Goals for Sport.
8. [*Leadership and linkages*] To ensure that there is strong, coordinated and shared leadership for sport at the national level within and among both the governmental and non-governmental sectors of the Canadian Sport System.

The emphasis on high-performance sport is a recurring theme. As part of the second goal, the task force recommended that the high-performance centre concept be expanded and built upon:

> Add to the high performance centre concept that of national multi-sport high performance centres, located in major urban centres, which employ professional administrators, coaches, sport scientists, sport medicine practitioners; serve the high performance athletes, coaches, and clubs in their respective regions; and also serve to influence the development of sport in the communities within their regions.

In setting out the fifth goal, it was clear that the authors had no doubt that success in sport is directly related to the level of funding available:

> The financing of high performance sport is a critical issue for the next quadrennial and is closely related to the setting of high performance goals. The level of high performance results achieved is directly proportional to the level of financial support within the system — the higher the expectations of performance, the greater the amount of financial support required.

The long-term goal in the area of high-performance sport was:

> To develop a Canadian sport system which will provide opportunities to enable athletes with talent and dedication to win at the highest level of international competition.

The manner of achieving these broad policy goals is very specific in two areas: achievement of success in the high-performance, international arena; and amount of funding required. The report stated:

> Achievement of the following performance levels indicates successful progress toward the attainment of the above goal:
>
> a) *To have Canada place among the three leading Western sporting nations (with West Germany and the USA) and to rank among the top 6–8 nations overall (assuming that the USSR, GDR, China, Romania and Poland are the leading Eastern block nations) in the 1992 Summer Olympic Games in Barcelona.*
>
> b) *To place among the top 6 nations in the 1992 Winter Olympic Games in Albertville.*
>
> c) *To have Canadian athletes win medals in 18 of 28 summer Olympic sports and 6 of 10 winter Olympic sports in 1992.*
>
> d) *To place first as a nation in the 1990 Commonwealth Games.*
>
> e) To maintain Canada's current world ranking in non-Olympic sports and disabled sports.
>
> f) To develop performance objectives for major non-Olympic events on a sport-by-sport basis. [Emphasis added]

In the area of funding, the task force set as a goal:

> To secure $120 million per year by 1996 as the annual funding base available to national sport agencies and organizations for activities which contribute to the attainment of the national goals for sport.

Although recognizing that funding of sport is, and should continue to be, shared among many parties, the task force stated in its list of financial principles that

> the federal government has a major responsibility for the financing of the national sport system in view of its significant social policy role in the area of national sport development.

Crucial to the determination of the level of government funding for any particular sport is Sport Canada's sport recognition system, which the task force recommended be retained without changes. As discussed in the report, the sport recognition system serves the following purposes:

> 1. It classifies and priorizes sports on the basis of results in major international competition and on the number of its participants for the purposes of funding allocation.
> 2. The criteria for classification emphasize the importance of both high performance results and the size of the participation base in the sport and serve to make a statement about the priorities of the federal government in this regard.
> 3. *The criteria also serve to point out the priority which the government places on the Olympic sports and hence the Olympic Games as the major focus for high performance sport development*. [Emphasis added]
> 4. The Sport Recognition System defines the list of sports which the government will fund, and also confines and restricts this list based on a set of public criteria.
> 5. Overall, the Sport Recognition System provides a means of disclosing the basis for government funding decisions with respect to National Sport Organizations.

The task force supported government funding for the development of an integrated community-based sport system within the national framework and supported broad participation at all levels of sport.

In his overview to the report, Mr Charest, the minister of state for fitness and amateur sport, added a word of caution with respect to the federal government's financing of sport:

> For its part, the federal government remains committed as a major partner in the financing of sport . . . We support both the wider social purpose and benefits of sport and the specific goals of the sport system.

Mr Charest also warned that the financing of sport should not be the sole responsibility of government:

> However, in our future plans for sport we should not assume that the federal government alone will maintain its current very high proportionate share of funding. The government's financial contributions should be more balanced by non-governmental sources — the private sector and national sport organizations. This will require further exploration of the need and ability of national sport organizations to develop an adequate membership base and innovative membership services and fees to help finance their own sport systems.

Finally, the minister further acknowledged the role of sport in Canada's cultural life and the government's responsibility to support amateur sport. He recognized the government's role in overseeing how sport fits into the matrix of society when he added:

> *We will as well want to address* some of the difficult dilemmas and social goals that government shares some responsibility for, including access to bilingual services, gender equity, *the integrity and ethical conduct of sport and other social challenges*. [Emphasis added]

Nevertheless, *the thrust of the report of the 1988 task force stresses government funding for the winning of medals primarily in major and international competition and uses that focus as one of the principal criteria for the determination of the level of future government funding*.

SPORT AS A POLICY INSTRUMENT

Social Policy

The ministerial response to the 1988 task force report acknowledges the role sport has played and continues to play in government policy. It is useful to examine how that role has evolved.

Health and Fitness

The federal government's involvement in fitness and sport initially arose out of a concern that Canadians were in general physically unfit. Indeed, as noted earlier in this chapter, large numbers of men had been rejected for that reason for active military service during the Second World War.

In the 1970 white paper, *A Proposed Sports Policy for Canadians*, the minister of national health and welfare lauded the many benefits to be derived from involvement in sport. He assured the House of Commons that such involvement improves physical and mental health. It encourages activity with others and is a rallying point for families, communities, and neighbourhoods. It can assist in reducing juvenile delinquency. It improves industrial life through industrial recreational programs. In short, he said, involvement in sport raises the overall calibre of Canadian society and leads to a happier existence.

Rising health-care costs in the 1960s and 1970s prompted the Canadian government to examine the extent to which lifestyle was contributing to the problem. In 1974 the health and welfare minister, the Honourable Marc Lalonde, took an aggressive approach to the situation. Commenting on Lalonde's white paper, *A New Perspective on the Health of Canadians*, Macintosh, Bedecki, and Franks state:

> Lalonde argued that Canadians had a choice about their health. Lifestyle became the operative word in the 1970s; exercise was seen as one of a number of positive steps that Canadians could take to improve their health. This thrust coincided with the growing success of Participaction, an arm's-length agency established by the federal government in the early 1970s to promote physical activity for the general public.[13]

Indeed, one of the success stories of the federal government's involvement in fitness programs has been the international reputation acquired by Participaction, established in 1971 to motivate Canadians through the use of mass media, advertising, and marketing techniques to lead more physically active lives. (Participaction is a Fitness Canada, as opposed to a Sport Canada, program.) By all accounts, Canadians are certainly more active today than they were in the 1960s and 1970s. Adult participation in sport increased from 54 percent in 1976 to 77 percent in 1981, and the fitness movement has been linked to the decline of cardiovascular disease in North America.

Gender Equality

According to the 1988 Task Force on National Sport Policy, one of its "most important" recommended actions was:

> Increase the number of women in organized competitive sport through the development of sport specific strategies and implementation plans as part of the Domestic Quadrennial Planning Process.[14]

This was not a new initiative, for since the 1970s the federal government has used its involvement in sport to attempt to address gender inequality and underrepresentation of women in that field. A 1972 nationwide leisure survey and a 1976 fitness and sport survey both pointed to significant underrepresentation of women in sport and physical recreation. In 1974, the International Year of Women, the federal government supplied funding and organizational support to the National Conference on Women and Sport, which made recommendations to correct disparities. The Fitness and Amateur Sport Women's Program was developed in 1980. A Sport Canada consultant was appointed to oversee the program, for which the federal government provided funding of $250,000.

Following Abby Hoffman's 1981 appointment as director of Sport Canada, there was a new focus on women's sports. Ms Hoffman was a champion athlete, having participated in four Olympic Games and reached the finals in the 800 metres in Mexico City (1968) and again in Munich (1972). She was the Canadian champion for the 800 metres from 1962 to 1975 and a medal winner in Commonwealth Games and Pan American Games. Ms Hoffman was not only an athletic champion but also "a champion of equal opportunities for women in sport."[15] Under her directorship, the first national training centres for high-performance athletes were established in 1981.

In December 1981 Canada ratified the United Nations General Assembly resolution 34/180, "the Convention on the Elimination of All Forms of Discrimination Against Women," which had been adopted by the UN on December 18, 1979. Articles 10(g) and 13(c) require parties to the convention to agree to ensure women the "same opportunities to participate actively in sports and physical education" as men, and the same "right to participate in recreational activities, sports and all aspects of cultural life."

In 1986 Sport Canada released a document entitled "Women in Sport: A Sport Canada Policy," which confirms Sport Canada's commitment to equality of opportunity for women at all levels of the sport system. More than an expression of pious hopes for the increased participation of women in sport, the document offered an "action-oriented approach" to be taken by the Women's Program and by Sport Canada.

Notwithstanding these efforts by the federal government to address the imbalance between male and female participation in sport in Canada, much remains to be done. *Can I Play?*, the report of the Ontario Task Force on Equal Opportunity in Athletics, delivered in September 1983, found that although there had been a recent marked increase in female participation in competitive sports organized by associations and schools, males continued in the majority. Females accounted for 30 percent of athletes registered with sport-governing bodies in Ontario. There is a lack of proportionality in the allocation of facilities, practice times, and services at the university level. The report identified other systemic difficulties that operate to prevent fuller participation by women and girls in athletics.

The federal government contributed to the Female Athletic Conference held at Simon Fraser University in 1980, out of which the Canadian Association for the Advancement of Women in Sport was established. This national nonprofit organization, partly funded by Fitness and Amateur Sport, was founded to "promote, develop, and advocate a feminist perspective on women and sport." In addition, an internship program in sport administration for retired female athletes was put in place at the National Sport and Recreation Centre in Ottawa. By 1983–84 it was providing on-the-job training. The program has succeeded in increasing the number of women in entry-level professional positions at the centre; in initiating a program for full-time female coaches; in setting up the National Association Contributions Program to provide funds to national sport associations to increase female participation; and in producing promotional publications and films on women in sport and fitness.

It is not likely that any of these initiatives would have occurred without federal government involvement. Nevertheless, and perhaps in keeping with the slow pace of change on gender equality that permeates society in general, an imbalance remains. Canada's 1984 Olympic team was 22 percent female. The 1988 team was 32 percent female. Today in Canada, only one-third of university athletes and 40 percent of secondary school athletes are women.

Sport for the Disabled

To coincide with the International Year for Disabled Persons in 1981, Fitness and Amateur Sport struck a special committee to examine sport, fitness, and recreation in the context of people with disabilities. In 1981–82 the Canadian Federation of Sport Organizations for the Disabled was developed as an umbrella organization encompassing all national sport-governing bodies for athletes with disabilities.

Both Fitness Canada and Sport Canada contribute funds each year to the branch's program for the disabled, which "seeks to enhance the participation of disabled Canadians in the pursuit of sports excellence and in fitness-related activities." (In 1987–88 close to $1 million was committed in support of the program.) In 1982 the federal government provided funding of $1.8 million for the Pan American Wheelchair Games in Halifax.

The criteria for Sport Canada's Athlete Assistance Program have been adjusted to include athletes with disabilities. Thirteen athletes with disabilities obtained carded status in 1982–83.

In 1988 Fitness Canada's Advisory Committee on the Disabled, co-chaired by Rick Hansen and Dr Ted Wall, delivered "Blueprint for Action" — a national action plan designed to enhance the development of activities that will improve physical activity experiences for Canadians with disabilities. In 1987–88 Fitness and Amateur Sport and the Canadian Federation of Sport Organizations for the Disabled negotiated a memorandum of understanding that delineated federal support for the winter and summer Paralympic Games.

Canadian wheelchair athletes won thirty-two gold medals in swimming, shooting, track and field, and men's basketball at the 1987 Stoke Mandeville world championships, and skiers won five gold medals in the alpine and nordic events at the 1988 Winter Paralympics at Innsbruck. Canadian athletes participated in exhibition events at the aquatics and the track and field world championships held in Madrid and Rome and at the Winter Paralympics in Calgary.

In 1988 the Task Force on National Sport Policy stated that one of its recommended actions was to "develop national strategies and implementation plans to increase opportunities for the disabled participant in sport."[16]

Lower Socioeconomic Groups

The 1970 Munro white paper, *A Proposed Sports Policy for Canadians*, showed a real concern on the part of the federal government to extend the benefits of participation in sport to all levels and socioeconomic areas of society. Nevertheless, Macintosh, Bedecki, and Franks's 1987 book on federal government involvement in sport remained critical of the government's role in providing people from lower socioeconomic backgrounds with access to competitive sport at various levels:

> The ranks of elite amateur athletes in Canada have been shown to be underrepresented by persons from blue-collar and working-class backgrounds . . . A study of the Sport Canada Athlete Assistance Program by Macintosh and Albinson (1985) revealed that carded athletes typically had additional financial backing from family or other sources. They also possessed the cultural and achievement paraphernalia that enabled them to attend

> university. This provides additional evidence that persons who come from disadvantaged family backgrounds are much less likely to become high-performance athletes than those from the middle and upper classes.
>
> As is the case for gender inequalities, this socio-economic imbalance also exists in the composition of the executives of sport associations . . . The extent to which sport executives (dominated by persons from professional and managerial backgrounds) are interested in redressing socio-economic inequalities in participation rates is problematic. In contrast to gender discrimination, however, the federal government has shown little interest in providing more access to competitive sport for persons from lower socio-economic backgrounds.[17]

The 1988 report of the Task Force on National Sport Policy, although not specifically addressing this issue, showed a concern that competitive as well as "domestic" sport be available to *all* Canadians:

> All Canadians should have the opportunity to participate in competitive sport at a level which best suits their skill and motivation level. Talented individuals should have the opportunity to move through a system which enables them to develop and eventually excel at the highest international level . . .

Two "subgoals" of the task force reflect this concern:

- To develop a promotional program designed to popularize sport and increase the number of Canadians participating in organized competitive sport.
- To develop national programs which will provide increased opportunities and incentives for participation in sport to identifiable sectors of the population in which participation has been traditionally low.[18]

Nevertheless, as pointed out by Ms Hoffman and noted earlier in this chapter, carded athletes tend to come from a socioeconomic group whose members would in the normal course of events attend university, and from a background capable of providing the support system necessary for an athlete to be able to devote himself or herself exclusively to competitive sport.

National Policy

National Unity

The report of the 1969 Task Force on Sports is one of the seminal documents in the history of Canadian government involvement in sport. There is little disagreement among writers that sport is a potent unifying force, with the potential to transcend language, cultural, and geographic differences. As stated in the 1969 report, it is "one of the few dimensions of Canadian life in which truly national folk heroes have been created, and are constantly being created."

As that report also commented:

> We cannot weigh with any accuracy the contribution [such] Canadian sports development played in knitting a nation, but it must have been considerable. We make use of it because such a role for sport has continuing significance. If we think it important to keep an intrinsically Canadian sense of community in the face of the colorful and penetrating attractions of our powerful neighbour, sport is one of the most effective ways of doing it.[19]

Bilingualism

Bilingualism in sport has become an issue to which the federal government has addressed itself. The Honourable Jacques Olivier, as minister of state for fitness and amateur sport, in 1984 expressed a view that Canadian sport-governing bodies and Sport Canada itself had fallen behind other national organizations in the development of bilingual services, particularly in providing French-speaking coaches and translation services at meetings and conferences. At his instigation, Sport Canada officials were required to review all contracts to ensure that the principle of bilingualism was being followed. In addition, funding was withheld from more than one hundred sport federations pending a review of the extent to which they provided bilingual services. Mr Olivier had harsh words for the Canadian Olympic Association and the organizers of the Calgary Games for failing to provide adequate bilingual services.

The Fitness and Amateur Sport Official Languages Program was established in November 1983 to provide consultation and planning assistance to about one hundred federally funded national sport and fitness associations in the private sector and to the national and international events hosted by them. Funding is provided to these associations to implement their bilingualism plans (in 1987–88, sixty-nine associations submitted official languages plans). These moneys are used for translations of technical manuals and documents; for simultaneous interpretation at conferences and annual meetings; for language training for coaches, administrators, and support staff; and for special projects directed towards the development of bilingual capacities. The result of these initiatives is that, as stated in the report of the 1988 Task Force on National Sport Policy,

> [b]ilingualism is a calculated fact within most sports, but its implementation is a direct function of available financial resources for translation and language training. The policy implemented during the quadrennial [1984–88] generally resulted in the establishment of clear bilingual policy in sport — even if its application was felt by some to be somewhat heavy-handed.[20]

In sum, the federal government, in its role as guide, motivator, mentor, and source of funds for sport, is perhaps the only entity capable of exercising sufficient moral and economic suasion to ensure equality of access by all Canadians — regardless of gender, physical disability, socioeconomic or cultural background, or language — to sport, to sport facilities, and to programs it supports.

International Policy

In 1969 the report of the Task Force on Sports discussed the benefits a country derives from participating in international sport competitions:

> It is clear that international athletic success has achieved a political dimension for many states; for at least some, success is a proof of the superior merit of their social and political structure. While this aspect of international sporting rivalry may be deplored, it cannot be discounted. Quite apart from the obvious point that it is better to sublimate national rivalries in athletic competition than to vent them in more violent forms, and from the almost equally obvious point that international competition has created considerable goodwill and understanding among peoples, it is also entirely natural that the world's peoples should find in the achievements of their athletes a meaning that transcends the sport itself . . .
>
> The picture held in foreign lands of any country has come, to a remarkable degree, to be determined by that country's record in world athletics . . . Competition in sports among countries has become inextricably entwined with matters of national prestige abroad, and national pride at home.[21]

Nineteen years later the Honourable Jean J. Charest echoed these sentiments in his overview to *Toward 2000*, the report of the 1988 Task Force on National Sport Policy, stating that "Canadian athletes and teams serve as ambassadors to the world."[22]

The Olympic Games provide the most high-profile international arena for the display of Canada's cultural values, athletic prowess, and, increasingly, its views as a nation on how other countries conduct their affairs. As one notable example, Canada is obliged, in discharge of international obligations under United Nations resolutions, to take appropriate action to terminate sport contacts with countries practising apartheid. In 1972 the government refused to provide funds to Canadian sporting bodies either for competitions in Canada that invited South African representatives or for Canadian athletes to compete in South Africa. South African athletes or officials may participate in competition meetings in Canada on an individual basis only. Further measures designed to restrain competition between Canadian and South African athletes in third countries were introduced in February 1982.

As a second example, the federal government in 1976 refused to admit Taiwanese athletes who wished to participate in the Olympics as representatives of the Republic of China. Canada already recognized the People's Republic of China as the government of mainland China and could not recognize Taiwan as its representative, even though Taiwan had already been granted permission to participate by the International Olympic Committee. In 1979, on the readmission of mainland China to the Olympic movement, Taiwan was required by the IOC to change its name, flag, and anthem if it wished to participate in further Olympics.

Finally, there is the experience of the 1980 Moscow Olympics, in which Canadian athletes did not participate. U.S. President Carter had called for an international boycott of the Moscow games to protest the Soviet invasion of Afghanistan. Although the Canadian Olympic Association voted overwhelmingly in favour of going to Moscow, it eventually acceded to pressure from the federal government, and Canada boycotted the games. As it happened, the federal government was not the only entity that put pressure on the Canadian Olympic Association to boycott the games. Corporate sponsors, through the Olympic Trust of Canada, also threatened to withdraw financial support from the Canadian team. In addition, the Canadian government cancelled an amateur sport exchange program with the USSR.

SUMMARY

It is apparent from this chapter that since 1969 the Government of Canada has become more and more involved in the development and funding of sport. This trend has been the result in part of the reports of several task forces that have successively recommended increased involvement and whose recommendations have in large measure been acted upon by government.

As the degree of involvement in and funding of sport has increased, however, we have seen a shift of emphasis in the nature and focus of that involvement. Although the task force reports and government responses acknowledge the broad objectives set forth above and the benefits of wide-based participation in sport, in fact government support of sport, particularly since the mid-1970s, has increasingly been channelled towards the narrow objectives of winning medals in international competition. Notwithstanding protestations to the contrary, the primary objective has become the gold medal. That fact is evidenced by the most recent task force report, *Toward 2000*, in which the proposed long-term goal of government funding and the measure of its success are clearly related to the winning of medals.

This changed emphasis from broad-based support of sport for the general community of ordinary Canadians to high-level competitive sport demands a re-examination of the role and mandate of government sport agencies.

In light of the evidence and disclosures made before this Commission, I think the time has come for the Government of Canada to consider whether those premises upon which government involvement in and funding of sport have been founded are still valid and whether, if they are indeed still valid, the legitimate objectives of such involvement are being pursued and achieved.

PART TWO

Overview of Doping

2

Doping Definitions and Policies

Doping — the use of banned substances and practices to enhance performance — is only the modern manifestation of an old, perhaps even an ancient, problem. In recent years, it appears that the use of such techniques and practices has become more widespread. It is timely then to examine this problem in some depth to understand its dimensions, the nature of the substances and practices involved, and their effect on athletes and on sport itself.

The literature on doping in sport contains many historical references. For example, Melvin Williams, in *Drugs and Athletic Performance*, has written:

> Ancient Greeks ate sesame seeds, the legendary Berserkers in Norwegian mythology used bufotein, while the Andean Indians and Australian aborigines chewed, respectively, coca leaves and the pituri plant for stimulating and antifatiguing effects. Catton, in his classic Civil War account, indicated the Army of the Potomac maintained its energy due to the tremendous amount

> of coffee the soldiers consumed. From the early part of this century, boxers, marathon runners, European cyclists, baseball and soccer players, Olympic contestants and other athletes have used numerous pharmaceutical agents as ergogenic aids. As an example, Tatarelli experimented with a compound called Nike, consisting of vitamin C, glucose, potassium acid tartrate, kola, and phosphorilamine, in a study concerning the pharmacobiological potentiation of the athlete. However, it is only in recent years that drug use in athletics has received considerable attention, probably because of the national and international drug problem as a whole.[1]

Similarly, Michael J. Asken, in *Dying to Win*, wrote of historical drug use:

> The ancient Greek physician Galen reported that athletes of the third century B.C. used stimulants. Herbs and mushrooms are reported to have been used to enhance performance by the Greek Olympians. Aztec athletes used a cactus-based stimulant resembling strychnine.
>
> In the mid and late nineteenth century, boxers used a brandy and cocaine mixture as well as strychnine tablets . . . Other coca leaf preparations were used in the late nineteenth century. Vin Mariani, a mixture of wine and coca leaf abstract, known as "wine for athletes," was used by French cyclists.
>
> In 1904, marathoner Thomas Hicks competed successfully in the Olympics. It took four physicians to revive him after his success, however, because he had taken brandy and strychnine. In the 1930s, powdered gelatin mixed in orange juice was believed to be a performance enhancer. Athletes have also used sugar cubes dipped in ether. Sprinters have tried using nitroglycerine to dilate the arteries of their hearts to improve performance.
>
> Ludwig Prokop, professor of sports medicine and director of the Austrian Institute of Sports Medicine in Vienna, reported that his first encounter with substance abuse was in athletes at the Oslo Winter Olympic Games in 1952. There he found broken ampules and injection syringes in the locker room of speed skaters. He also reported seeing a classical case of strychnine cramp on the stage of the 1964 Weight Lifting World Championship. He writes of seeing the same evidence of drug abuse again in speed skaters at the 1964 Olympic Games at Innsbruck.[2]

Neal Wilkinson in an article called "The Pill That Can Kill Sports" commented on the 1956 summer games: "This craze for pills was most shocking at the recent Olympic Games. In Olympic village, the athletes' rooms looked like small drug stores. Vials, bottles and pill boxes lined the shelves."[3]

The following list, by no means complete, includes some of the more conspicuous events in the modern history of doping in sport throughout the world:[4]

1865 • Swimmers in Amsterdam become the first documented modern case of doping. From this date into the early 1900s, swimmers, cyclists, and marathon runners are discovered using drugs, primarily stimulants.

1952 • Winter Olympics in Oslo: anecdotes circulate about doping of speed skaters (see above).

1956 • Summer Olympics in Melbourne: there are anecdotes about doping of cyclists.

1960 • Summer Olympics in Rome: Danish cyclist Knut Jensen dies during competition after having ingested amphetamines and nicotinyl tartrate.
• The Council of Europe tables a resolution against the use of doping substances in sport.

1964 • Summer Olympics in Tokyo: there are rumours of widespread drug use.

1965 • Belgium and France enact antidoping legislation.

1966 • Ireland passes antidoping regulations.

1967 • The International Olympic Committee (IOC) Medical Commission is established.

- The Council of Europe passes a resolution on drug abuse in sport.

1968
- The first IOC testing for stimulants and narcotics takes place at the Olympics in Grenoble and Mexico. One athlete is disqualified for using alcohol.

1969
- The Swiss Sports Association establishes domestic rules and regulations against doping.

1971
- Italy and Turkey enact national antidoping legislation.

1972
- The International Amateur Athletic Federation (IAAF) Medical Committee is formed.
- Winter Olympics in Sapporo: one athlete is disqualified for taking ephedrine.
- Summer Olympics at Munich: first large-scale analysis of urine samples at a major games (2079 samples). Seven athletes are disqualified.

1973
- The Council of Europe tables a definition of doping.

1974
- IAAF and IOC medical commissions ban the use of anabolic steroids.

1975
- Pan American Games in Mexico City: the first Canadian tests positive.

1976
- Greece enacts national antidoping legislation.
- Winter Olympics at Innsbruck: two athletes are disqualified.
- Summer Olympics at Montreal: anabolic steroids are first tested for at an Olympic Games (only 15 percent of specimens are tested for anabolic steroids). Eleven athletes are disqualified, eight for anabolic steroids.

1977
- The Swedish Sports Federation forms a doping control subcommission.
- The Norwegian Confederation of Sports adopts a resolution on doping control.
- West Germany sets out basic principles to fight against doping.

1978
- The Danish Sports Federation establishes domestic rules and regulations against doping.
- Sport Medicine Council of Canada is established.

1979
- Portugal enacts national antidoping legislation.
- Deutscher Sportbund and Norwegian Sports Confederation establish domestic rules and regulations against doping.

1980
- Winter Olympics at Lake Placid, Summer Olympics at Moscow: no disqualifications.

1981
- Pacific Conference Games: the first Canadian is disqualified for use of anabolic steroids.
- The Swedish doping subcommission initiates out-of-competition testing.

1982
- The Finnish Sports Federation establishes domestic rules and regulations against doping.
- The IOC introduces the first qualitative tests, for testosterone and caffeine.

1983
- Pan American Games in Caracas, Venezuela: many athletes leave the games before competing to avoid tests; nineteen athletes are disqualified, including two Canadians.

1984
- The European Anti-Doping Charter of the Council of Europe's committee of sports ministers is accepted.

- Summer Olympics at Los Angeles: twelve athletes are disqualified for doping; after the games, members of the medal-winning U.S. cycling team admit blood doping.

1985
- Austria sets guidelines for fighting drug abuse in sport.
- Cyprus introduces drug testing.

1986
- Canada's proposals for a world antidoping movement are endorsed at the European Sports Ministers Conference of the Council of Europe.

1987
- The Socialist Nations Sports Ministers release a unified statement against doping.
- U.S. law enforcement agencies focus on the illegal market in anabolic steroids and indict thirty-four people, including British Olympic medalist David Jenkins, in connection with importing and counterfeiting drugs.
- The first International Athletic Foundation (IAF) World Symposium on Doping in Sport is held in Florence, Italy.

1988
- Canada hosts the First Permanent World Conference on Antidoping in Sport.

MEDICAL COMMISSION OF THE INTERNATIONAL OLYMPIC COMMITTEE

The International Olympic Committee (IOC) is the guardian of the Olympic ideals and traditions, and to its members falls the task of ensuring the integrity of the games. For this reason, the IOC has, of necessity, concerned itself with the problem of doping in sport. The Medical Commission of the IOC was established in 1967. It was intended generally to be responsible for the health of athletes attending Olympic Games. The use of doping agents, stimulants in particular at that time, had been increasing. At least one Olympic athlete had died from drug abuse, and rumour suggested that a serious drug problem existed. There was concern as well about the possible effects on health of the high altitude of Mexico City, the location of the 1968 Olympic Games.

Nevertheless, the IOC did not then take complete responsibility for doping control. The IOC newsletter of August 1968 stated:

> The function of the IOC is to alert the national Olympic committees and the international federations and promote an educational campaign. The International Olympic Committee has its rule and has defined dope and it should see that provisions are made by the Organizing Committee for testing but the actual testing is left in the hands of others. This is a responsibility that the International Olympic Committee is not prepared to take. The responsibility of the International Olympic Committee is to have intelligent regulations, to see that the adequate facilities are provided, and that correct methods are used.[5]

The IOC has subsequently taken responsibility for accrediting laboratories and for all aspects of testing at Olympic Games. However, the IOC still takes no responsibility for testing other than during the weeks of Olympic competition every four years.

The Medical Commission is composed of four subcommissions. The "Biomechanics and Sports Physiology" subcommission was established to evaluate the basic science behind sports and ways of improving training methods to avoid injuries. The "Sports Medicine and Orthopaedics" subcommission is responsible for protecting athletes from injury and, by checking facilities, transporting the injured to hospitals, and so on, ensuring that injured athletes receive appropriate treatment. The "Coordination with the NOCs" subcommission is concerned with the relations between the Medical Commission and the national Olympic committees. The "Doping and Biochemistry of Sport" subcommission deals with all doping issues, including the classes of banned substances, collection of samples, detection, and laboratory accreditation. The Medical Commission was restructured in 1980 after the Olympic Games in Moscow and the subcommission on doping and biochemistry created at that time. Prince Alexandre de Mérode is the chairman of the Medical Commission. Members of the doping and biochemistry of sport subcommission are Arnold Beckett (UK), Donald Catlin (U.S.), Claus Clausnitzer (East Germany), Manfred Donike (West Germany), Robert Dugal (Canada), and Vitaly Semenov (USSR).

The IOC Medical Commission set up a program of accreditation of laboratories to ensure accurate testing and to avoid false test results, either false positives that would penalize innocent athletes or false negatives whereby doped athletes are left unpunished because positive results are not reported. The first accredited laboratories were those that had already performed doping analysis at an Olympics, namely the laboratories in Cologne, Kreischa (East Germany), Moscow, Montreal, and London. In 1985 when laboratories first had to be reaccredited, this original group of five had grown to thirteen. In 1987 there were twenty-two accredited laboratories. Since that time the numbers have changed periodically as laboratories gain or lose accreditation.

The IOC Medical Commission has set out in a detailed document its requirements for a laboratory to be accredited. In addition to meeting the published requirements, the laboratory must submit to the subcommission on doping and biochemistry a letter of support from the appropriate national Olympic committee or other sport-governing bodies recognized by the IOC. The laboratory must correctly analyse test samples provided by subcommission secretary Dr Donike and submit satisfactory documentation of the results. Each member of the IOC subcommission is involved in the accreditation process.

The reaccreditation program was established in 1985 primarily to avoid legal challenges. At the 1972 Olympic Games in Munich, when the first large-scale testing was done, two screening procedures were used to detect stimulants, narcotics, and sedatives. By 1988 laboratories had to be able to do up to eight screening procedures for many more banned substances. The reaccreditation procedure ensures that laboratories keep up with this increasing complexity and maintain high standards at all times, not just during the Olympic Games. Recently the laboratories have been required to participate in proficiency-testing programs in which they must correctly analyse samples sent to them at regular times throughout the year.

The IOC and other major games organizations send urine samples for testing only to IOC-accredited laboratories. These laboratories therefore have a virtual monopoly on doping-control testing in international athletic competition involving Olympic sports. I will have more to say on this issue in the section on drug-testing issues.

DOPING DEFINITIONS

A comprehensive definition of doping has proved impossible to achieve. The IOC itself moved away from attempting such a definition to simply classifying doping agents and related substances, and forbidding their use. Indeed disagreements and debates about the proper definition of doping serve to obscure the real issue. Sir Arthur Porritt, chairman of the British Association of Sports Medicine, commented succinctly that "to define doping is, if not impossible, at best extremely difficult, and yet every one who takes part in competitive sport or who administers it knows exactly what it means. The definition lies not in words but in integrity of character."[6]

No definition of doping, no matter how carefully phrased, will be adequate unless athletes, coaches, and the organizations and individuals in control of amateur sport agree on the fundamental values of athletic competition. The 1988 report of the British Amateur Athletic Association Drug Abuse Enquiry, chaired by Peter Coni, sets out the problem by calling for a logical basis for banning drugs in order to convince athletes to observe the rules:

> We are satisfied that far too little attention has been paid in the past to rationalising the logic of the ethics of competitive sport — to identify the goals and the reasons why athletes should seek them, and to agree [on] conclusions which carry the support of the athletes themselves rather than being those which an older generation of administrators find appropriate. Of course many of those currently competing will not be interested in any such debate, but there are a number who will and who can contribute fluently and cogently. *If the problem is to be solved and drug abuse to become a rarity rather than a commonplace of competitive athletics, it is essential that those currently competing accept the moral and ethical rationale underlying the rules of their sport.*[7] [Emphasis added]

IOC Doping Definition and Banned List

The Olympic Charter, rule 29A, states: "Doping is forbidden. The IOC Medical Commission shall prepare a list of prohibited classes of drug and of banned procedures."[8] The IOC defines doping in terms of pharmacological classes of doping agents, which are banned. Six classes of doping agents are banned on the 1989 IOC list:

- stimulants
- narcotics
- anabolic steroids
- beta blockers
- diuretics
- peptide hormones and analogues

In addition, methods — blood doping and any pharmacological, chemical, or physical manipulation (such as urine substitution) — are banned. The use of certain drugs is permitted subject to restrictions: alcohol, marijuana, local anaesthetics, and corticosteroids. The complete IOC list is reprinted below. Virtually all amateur athletic federations incorporate this list in their doping rules with minor variations.

The list has evolved over the years into its present form. The first IOC list, in 1967, banned stimulants and narcotic analgesics. Anabolic steroids were added in 1975. In 1982 caffeine and testosterone were added. Testosterone was the first endogenous or naturally produced steroid to be banned. Blood doping was not a banned practice until after the 1984 Los Angeles Olympics when certain U.S. cyclists admitted having done it. In 1985, at the same time as blood doping was specified, beta blockers and diuretics were added to the list and the allowable quantity of caffeine was lowered. Probenecid and other blocking or masking agents were banned in late 1987. Human chorionic gonadotropin was also banned in 1987. Growth hormone and similar peptide hormones were specified in the 1989 version. Each of the classes will be described in detail below.

One clear trend illustrated in the growth of the banned list is towards banning increasingly sophisticated techniques to enhance performance. The latest IOC list retains the generality of earlier definitions by adding the words "and related compounds" to the agents specified in the banned classes.

INTERNATIONAL OLYMPIC COMMITTEE

List of Doping Classes and Methods — 1989

I. DOPING CLASSES

A. Stimulants
B. Narcotics
C. Anabolic steroids
D. Beta-blockers
E. Diuretics
F. Peptide hormones and analogues

II. DOPING METHODS

A. Blood doping
B. Pharmacological, chemical and physical manipulation

III. CLASSES OF DRUGS SUBJECT TO CERTAIN RESTRICTIONS

A. Alcohol
B. Marijuana
C. Local anaesthetics
D. Corticosteroids

Note: The doping definition of the IOC Medical Commission is based on the banning of pharmacological classes of agents.

The definition has the advantage that also new drugs, some of which may be especially designed for doping purposes, are banned.

The following list represents examples of the different dope classes to illustrate the doping definition. Unless indicated all substances belonging to the banned classes may not be used for medical treatment, even if they are not listed as examples. If substances of the banned classes are detected in the laboratory the IOC Medical Commission will act. It should be noted that the presence of the drug in the urine constitutes an offence, irrespective of the route of administration.

Examples and Explanations

I. DOPING CLASSES

A. Stimulants e.g.

amfepramone
amfetaminil
amiphenazole
amphetamine
benzphetamine
caffeine*
cathine
chlorphentermine
clobenzorex
clorprenaline
cocaine
cropropamide (component of "micoren")
crothetamide (component of "micoren")
dimetamfetamine
ephedrine
etafedrine
ethamivan
etilamfetamine
fencamfamin
fenetylline
fenproporex
furfenorex
mefenorex
methamphetamine
methoxyphenamine
methylephedrine
methylphenidate
morazone
nikethamide
pemoline
pentetrazol
phendimetrazine
phenmetrazine

phentermine
phenylpropanolamine
pipradol
prolintane
propylhexedrine
pyrovalerone
strychnine and related compounds.

* For caffeine the definition of a positive depends upon the following: if the concentration in urine exceeds 12 micrograms/ml.

Stimulants comprise various types of drugs which increase alertness, reduce fatigue and may increase competitiveness and hostility. Their use can also produce loss of judgement, which may lead to accidents to others in some sports. Amphetamine and related compounds have the most notorious reputation in producing problems in sport. Some deaths of sportsmen have resulted even when normal doses have been used under conditions of maximum physical activity. There is no medical justification for the use of "amphetamines" in sport.

One group of stimulants is the sympathomimetic amines of which ephedrine is an example. In high doses, this type of compound produces mental stimulation and increased blood flow. Adverse effects include elevated blood pressure and headache, increased and irregular heart beat, anxiety and tremor. In lower doses, they e.g. ephedrine, pseudoephedrine, phenylpropanolamine, norpseudoephedrine, are often present in cold and hay fever preparations which can be purchased in pharmacies and sometimes from other retail outlets without the need of a medical prescription.

THUS NO PRODUCT FOR USE IN COLDS, FLU OR HAY FEVER PURCHASED BY A COMPETITOR OR GIVEN TO HIM/HER SHOULD BE USED WITHOUT FIRST CHECKING WITH A DOCTOR OR PHARMACIST THAT THE PRODUCT DOES NOT CONTAIN A DRUG OF THE BANNED STIMULANTS CLASS.

Beta2 agonists

The choice of medication in the treatment of asthma and respiratory ailments has posed many problems. Some years ago, ephedrine and related substances were administered quite frequently. However, these substances are prohibited because they are classed in the category of "sympathomimetic amines" and therefore considered as stimulants.

The use of only the following beta2 agonists is permitted in the aerosol form:

bitolterol
orciprenaline
rimiterol
salbutamol
terbutaline

B. **Narcotic analgesics** e.g.
alphaprodine
anileridine
buprenorphine
codeine
dextromoramide
dextropropoxyphen
diamorphine (heroin)
dihydrocodeine
dipipanone
ethoheptazine
ethylmorphine
levorphanol
methadone
morphine
nalbuphine
pentazocine
pethidine
phenazocine
trimeperidine and related compounds.

The drugs belonging to this class, which are represented by morphine and its chemical and pharmacological analogues, act fairly specifically as analgesics for the management of moderate to severe pain. This description however by no means implies that their clinical effect is limited to the relief of trivial disabilities. Most of these drugs have major side effects, including dose-related respiratory depression, and carry a high risk of physical and psychological dependence. There exists evidence indicating that narcotic analgesics have been and are abused in sports, and therefore the IOC Medical Commission has issued and maintained a ban on their use during the Olympic Games. The ban is also justified by international restrictions affecting the movement of these compounds and is in line with the regulations and recommendations of the World Health Organisation regarding narcotics.

Furthermore, it is felt that the treatment of slight to moderate pain can be effective using drugs — other than the narcotics — which have analgesic, anti-inflammatory and antipyretic actions. Such alternatives, which have been successfully used for the treatment of sports injuries, include Anthranilic acid derivatives (such as Mefenamic acid, Floctafenine, Glafenine, etc.), Phenylalkanoic acid derivatives (such as Diclofenac, Ibuprofen, Ketoprofen, Naproxen, etc.) and compounds such as Indomethacin and Sulindac. The Medical Commission also reminds athletes and team doctors that Aspirin and its newer derivatives (such as Diflunisal) are not banned but cautions against some pharmaceutical preparations where Aspirin is often associated to a banned drug such as Codeine. The same precautions hold for cough and cold preparations which often contain drugs of the banned classes.

NOTE: DEXTROMETHORPHAN AND PHOLCODINE ARE NOT BANNED AND MAY BE USED AS ANTITUSSIVES. DIPHENOXYLATE IS ALSO PERMITTED.

C. Anabolic steroids e.g.

bolasterone
boldenone
clostebol
dehydrochlormethyltestosterone
fluoxymesterone

mesterolone
metandienone
metenolone
methyltestosterone
nandrolone
norethandrolone
oxandrolone
oxymesterone
oxymetholone
stanozolol
testosterone* and related compounds.

* *Testosterone: the definition of a positive depends upon the following — the administration of testosterone or the use of any other manipulation having the result of increasing the ratio in urine of testosterone/epitestosterone to above 6.*

This class of drugs includes chemicals which are related in structure and activity to the male hormone testosterone, which is also included in this banned class. They have been misused in sport, not only to attempt to increase muscle bulk, strength and power when used with increased food intake, but also in lower doses and normal food intake to attempt to improve competitiveness.

Their use in teenagers who have not fully developed can result in stunting growth by affecting growth at the ends of the long bones. Their use can produce psychological changes, liver damage and adversely affect the cardiovascular system. In males, their use can reduce testicular size and sperm production; in females, their use can produce masculinization, acne, development of male pattern hair growth and suppression of ovarian function and menstruation.

D. Beta-blockers e.g.

acebutolol
alprenolol
atenolol
labetalol
metoprolol
nadolol

oxprenolol
propranolol and related compounds
sotalol

The IOC Medical Commission has reviewed the therapeutic indications for the use of beta-blocking drugs and noted that there is now a wide range of effective alternative preparations available in order to control hypertension, cardiac arrythmias, angina pectoris and migraine. Due to the continued misuse of beta-blockers in some sports where physical activity is of no or little importance, the IOC Medical Commission reserves the right to test those sports which it deems appropriate. These are unlikely to include endurance events which necessitate prolonged periods of high cardiac output and large stores of metabolic substrates in which beta-blockers would severely decrease performance capacity.

E. Diuretics e.g.
acetazolamide
amiloride
bendroflumethiazide
benzthiazide
bumetanide
canrenone
chlormerodrin
chlortalidone
diclofenamide
ethacrynic acid
furosemide
hydrochlorothiazide
mersalyl
spironolactone
triamterene and related compounds.

Diuretics have important therapeutic indications for the elimination of fluids from the tissues in certain pathological conditions. However, strict medical control is required.

Diuretics are sometimes misused by competitors for two main reasons, namely: to reduce weight quickly in sports where weight categories are involved and to reduce the concentration of drugs in urine by producing a more rapid excretion of urine to attempt to minimize detection of drug misuse. Rapid reduction of weight in sport cannot be justified medically. *Health risks are involved in such misuse because of serious side-effects which might occur.*

Furthermore, deliberate attempts to reduce weight artificially in order to compete in lower weight classes or to dilute urine constitute clear manipulations which are unacceptable on ethical grounds. Therefore, the IOC Medical Commission has decided to include diuretics on its list of banned classes of drugs.

N.B. For sports involving weight classes, the IOC Medical Commission reserves the right to obtain urine samples from the competitor at the time of the weigh in.

F. **Peptide hormones and analogues**

Chorionic Gonadotrophin

(hCG — human chorionic gonadotrophin)

It is well known that the administration to males of Human Chorionic Gonadotrophin (hCG) and other compounds with related activity leads to an increased rate of production of endogenous androgenic steroids and is considered equivalent to the exogenous administration of testosterone.

Corticotrophin (ACTH)

Corticotrophin has been misused to increase the blood levels of endogenous corticosteroids notably to obtain the euphoric effect of corticosteroids. The application of Corticotrophin is considered to be equivalent to the oral, intra-muscular or intravenous application of corticosteroids. (See Section III.D.)

Growth hormone (hGH, somatotrophin)

The misuse of Growth Hormone in sport is deemed to be unethical and dangerous because of various adverse effects, for example, allergic reactions, diabetogenic effects, and acromegaly when applied in high doses.

All the respective releasing factors of the above-mentioned substances are also banned.

II. METHODS

A. Blood doping

Blood transfusion is the intravenous administration of red blood cells or related blood products that contain red blood cells. Such products can be obtained from blood drawn from the same (autologous) or from a different (non-autologous) individual. The most common indications for red blood transfusion in conventional medical practice are acute blood loss and severe anaemia.

Blood doping is the administration of blood or related red blood products to an athlete other than for legitimate medical treatment. This procedure may be preceded by withdrawal of blood from the athlete who continues to train in this blood depleted state.

These procedures contravene the ethics of medicine and of sport. There are also risks involved in the transfusion of blood and related blood products. These include the development of allergic reactions (rash, fever, etc.) and acute haemolytic reaction with kidney damage if incorrectly typed blood is used, as well as delayed transfusion reaction resulting in fever and jaundice, transmission of infectious diseases (viral hepatitis and AIDS), overload of the circulation and metabolic shock.

Therefore the practice of blood doping in sport is banned by the IOC Medical Commission.

B. Pharmacological, chemical and physical manipulation

The IOC Medical Commission bans the use of substances and of methods which alter the integrity and validity of urine samples used in doping controls. Examples of banned methods are catheterisation, urine substitution and/or tampering, inhibition of renal excretion, e.g. by probenecid and related compounds.

III. CLASSES OF DRUGS SUBJECT TO CERTAIN RESTRICTIONS

A. **Alcohol** Alcohol is not prohibited. However breath or blood alcohol levels may be determined at the request of an International Federation.

B. **Marijuana** Marijuana is not prohibited. However, tests may be carried out at the request of an International Federation.

C. **Local Anaesthetics** Injectable local anaesthetics are permitted under the following conditions:

(a) that procaine, xylocaine, carbocaine, etc. are used but not cocaine;

(b) only local or intra-articular injections may be administered;

(c) only when medically justified (i.e. the details including diagnosis) dose and route of administration must be submitted immediately in writing to the IOC Medical Commission).

D. **Corticosteroids** The naturally occurring and synthetic corticosteroids are mainly used as anti-inflammatory drugs which also relieve pain. They influence circulating concentrations of natural corticosteroids in the body. They produce euphoria and side-effects such that their medical use, except when used topically, require medical control.

Since 1975, the IOC Medical Commission has attempted to restrict their use during the Olympic Games by requiring a declaration by the team doctors, because it was known that corticosteroids were being used non-therapeutically by the oral, intramuscular and even the intravenous route in some sports. However, the problem was not solved by these restrictions and therefore stronger measures designed not to interfere with the appropriate medical use of these compounds became necessary.

The use of corticosteroids is banned except for topical use (aural [sic], ophthalmological and dermatological), inhalational therapy (asthma, allergic rhinitis) and local or intra-articular injections.

ANY TEAM DOCTOR WISHING TO ADMINISTER CORTICOSTEROIDS INTRA-ARTICULARLY OR LOCALLY TO A COMPETITOR MUST GIVE WRITTEN NOTIFICATION TO THE IOC MEDICAL COMMISSION. [Italics added]

DOPING CONTROL IN CANADA

Sport Canada Antidoping Policy

1983 Policy Prior to 1983, two Canadian athletes had been caught by doping controls during international competition.[9] However, it was at the 1983 Pan American Games in Caracas that doping in sport gained worldwide attention. Two Canadian weightlifters were among the nineteen disqualified at that time. These revelations were the prime motivation behind the Canadian government's involvement in doping control. Concerned about the harm to health and the undermining of sporting ethics, Sport Canada in December 1983 announced its first policy on doping in sport:

> 1 All national sport organizations will be required to develop a plan for their sport to eradicate improper drug use by Canadian athletes and support personnel.*
>
> The plan must include the following items:
>
> (a) a statement of the organization's policy on drugs (including use, possession and other aspects considered appropriate by the organization); a procedure (including due process) for consideration of alleged drug infractions and penalties for such infractions (this statement must address the activities of athletes, coaches, medical and other support personnel);
>
> (b) an operational plan for *regular testing of top Canadian athletes at major competitions and during training periods* with a view to eliminating the use of anabolics and related compounds, and the use of other substances on the list of banned drugs at or near the time of competition;
>
> (c) an educational program;
>
> (d) international lobbying activities which have as their objective the eradication of drug use in international sport.

- Those sport organizations for whom the use of performance enhancing drugs is not an issue, are required to so signify in writing and are not required to develop a plan. These organizations are expected, however, to participate in the general doping control educational programs which will be made available to all national organizations and athletes.

2 (a) *Any athlete who has been proven through appropriate due process to have* ***used*** *banned drugs in contravention of the rules of his/her respective national and/or international sport federation will be suspended forthwith from eligibility for Sport Canada's Athlete Assistance Program and any other financial or program support provided directly to athletes or indirectly by Sport Canada via national sport organizations (i.e., national championship funding, national team program support, etc.).*

(b) *Any athlete who has been proven through appropriate due process to have been in* ***possession*** *of anabolics or related compounds or to have* ***supplied*** *directly or indirectly such drugs to others to whom this policy applies shall be suspended forthwith from eligibility for benefits through Sport Canada as described above.*

(c) The withdrawal of benefits as described in 2(a) and 2(b) above shall be invoked from the moment of proof of the said infraction by the appropriate sport governing body (national and/or international sport federation) and shall be invoked for a period of 1 year or the duration of any suspension for the same infraction imposed by the respective international or national sport federation whichever is the longer. Second offences shall be punished by means of lifetime withdrawal of eligibility for federal government sport programs or benefits.

(d) Any athlete convicted of an offence involving a drug on the banned list of his/her respective national or international federation shall be similarly suspended (as outlined in 2(c)) from eligibility for the Athlete Assistance Program and other federal government support as described above.

3 *All national sport organizations will be required, as of this date, to include a commitment to non-use and non-possession of banned substances by carded athletes in their contracts with said athletes*. The only exceptions are possession and use of non-anabolic drugs where such use occurs under appropriate medical supervision and in non-competition situations.

4 *All national sport organizations are required, as of this date, to include a commitment of non-encouragement of use, and non-possession of anabolics and related compounds, and adherence to the rules concerning other banned drugs, in their contracts with coaches, sport scientists, medical practitioners and other support personnel engaged by the national sport organization*.

5 National sport organizations are required to develop a list of drug-related infractions applying to coaches, medical, technical, administrative or other support personnel engaged on a voluntary or professional basis by the national sport organization or one of its affiliates. Such list of infractions shall indicate clearly that national sport organizations do not condone encouragement by their support personnel of the use of drugs on the banned lists. *Such persons proven through appropriate due process to have counselled athletes, coaches, medical or other support staff to use anabolics or related compounds or to use non-anabolic drugs on the banned lists in contravention of the rules of their respective national or international sport federations shall be withdrawn from eligibility for federal government sport programs and support provided either directly or indirectly via national sport organizations*. Such withdrawal of eligibility shall be invoked from the moment of proof, through appropriate due process, of said infraction.

6 Sport Canada will enlist, where appropriate, the assistance of the Sport Medicine Council of Canada and the Department of National Health and Welfare in the following areas:

(a) assessment of the validity and feasibility of the plans developed by national sport organizations;

(b) overseeing drug testing procedures implemented by national sport organizations;

(c) production of educational materials for athletes;

(d) as a source of general advice to Sport Canada on the issue of doping control and drug use in sport.

7 Sport Canada will collaborate with the Canadian Olympic Association on matters pertaining to the testing of athletes prior to and at major Games under the jurisdiction of the COA (i.e. Olympic and Pan American Games) and on matters pertaining to the role of the IOC and NOCs in doping control.

8 Sport Canada will collaborate with other Major Games Organizations — Commonwealth Games Association of Canada, Canadian Interuniversity Athletic Union and Canadian Federation of Sport Organizations for the Disabled — on matters pertaining to doping control prior to, and at Major Games events under the jurisdiction of these agencies.

9 Sport Canada will undertake to initiate and fund research related to the drug issue as required.

10 Sport Canada does not intend to usurp the role of the civil and criminal authorities with respect to the non-medical use of drugs which do not appear on the banned list of the international federations and the IOC. However, national sport organizations are requested to include any restrictions with respect to the use of these drugs in their contracts between carded athletes and the national sport organization.

11 The only exceptions to the above provisions involving the use of anabolics or related compounds shall be in the case of disabled athletes who may be required, under medical supervision, to use such drugs for on-going or intermittent therapeutic or rehabilitative purposes. Where such drugs are used by disabled athletes for performance enhancement, the provisions as outlined above shall apply. Where disabled athletes are using anabolics or related compounds for therapeutic or rehabilitative purposes, such use must be reported by an appropriate medical authority to the national sport organization.

> (For the purpose of this section, a disabled athlete means an individual who is affiliated for the purpose of participation in competitive sport to one of the national sport federations responsible for organizing sport for the physically disabled.) [Emphasis added]

1985 Revision In September 1985 the policy was revised and it is still current in 1990. (It is reprinted in full in appendix G.) The revision leaves section 1 unchanged but reorders some of the other material. It adds a new section which sets out the athlete's obligations:

> 4 Athletes in receipt of federal sport benefits (including the Athlete Assistance Program and/or other direct or indirect funding programs such as travel to National Championships, access to National Coaches and High Performance Sport Centres, etc.) are required to make themselves available for both *regularly scheduled and ad hoc random doping control test procedures* as authorized by their national sport organization or the Sport Medicine Council of Canada's Committee on Doping in Amateur Sport. It is the responsibility of national sport organizations to ensure that athletes under their jurisdiction present themselves for such tests as requested by either of the two above-mentioned agencies.

One of the main purposes of the revisions was to increase the penalties for drug abuse and in particular to distinguish nonsteroid drugs from anabolic steroids. The sections dealing with penalties were grouped under a new heading "Violations and Sanctions," and section 1(c) specifies the penalty for violating the rules involving anabolic steroids:

> *Individuals proven to have violated antidoping rules involving anabolic steroids and related compounds will be subject automatically to a lifetime withdrawal of eligibility for all federal government sport programs or benefits*. [Emphasis added]

The penalty for athletes proven to have used drugs other than anabolic steroids remained the same as in the 1983 policy: automatic suspension from eligibility for federal government funding or benefits for the longer of one year or the length of penalty provided by the appropriate international or national federation.

Section 1(e) provided:

> The only relief from life suspension is through direct appeal to the Minister of State, Fitness and Amateur Sport.

It remains to be seen how Sport Canada enforced this policy.

Banned List in Canada

Canadian athletes are subject to the IOC banned list set out above as administered by both Sport Canada and the Sport Medicine Council of Canada. In almost all cases Canada accepts automatically any change the IOC makes to the list. In one instance, however, the IOC banned a component of a certain birth control pill primarily used by North Americans. Canada and the United States were instrumental in persuading the IOC to remove the substance from the list.

Under the IOC rules, a disqualification results only from a positive test. The Sport Canada policy extends further in that it prohibits use and possession of anabolic substances and does not apply solely to athletes who are caught by a laboratory test.

Doping Infractions by Canadian Athletes

The Sport Medicine Council of Canada supervises the testing of amateur athletes in Canada. Between April 1984 and February 1989 3646 tests were administered in thirty-three different sports (see table 2–1).

Table 2–2 lists the athletes who have tested positive since 1983 — either nationally or internationally — along with the penalties they received.

Examination of these Canadian doping infractions might at first glance suggest that doping among Canadian athletes is limited to a few weightlifters and track and field athletes and a single swimmer for a total of only twenty-one infractions in five years. As will be discussed below, existing drug-testing statistics cannot be used as a reliable measure of the extent of drug use and, in particular, anabolic steroid use.

Table 2–1
Doping Tests Conducted by the Sport Medicine Council of Canada

Sport	1984–85	1985–86	1986–87	1987–88	1988–89	Total*
Archery	—	—	9	—	—	9
Badminton	—	26	—	—	26	52
Basketball	27	4	4	4	2	41
Biathlon	—	—	—	—	10	10
Bobsleigh/Luge	—	11	15	9	22	57
Boxing	—	—	21	—	—	21
Canoe	18	23	92	23	28	184
Cycling	53	126	89	88	142	498
Diving	—	—	16	11	9	36
Fencing	—	8	12	4	12	36
Field Hockey	12	—	—	—	—	12
Figure Skating	17	7	17	32	8	81
Gymnastics — Men	8	12	3	3	3	29
Gymnastics — Women	13	11	3	3	3	33
Hockey	—	—	—	—	32	32
Judo	—	35	39	36	34	144
Rhythmic Gymnastics	—	—	—	—	6	6
Rowing	53	25	6	6	12	102
Shooting	—	—	—	4	—	4
Ski — Alpine	—	—	—	—	8	8
Ski — Cross Country	—	27	12	—	21	60
Sports Disabled	—	—	—	25	—	25
Ski — Freestyle	—	—	—	—	24	24
Ski — Jumping	—	—	—	—	3	3
Ski — Nordic Combined	—	—	—	—	12	12
Soccer	6	3	4	—	—	13
Speed Skating	—	14	18	18	24	74
Swimming	—	112	71	63	43	289
Synchro Swimming	—	—	32	19	15	66
Track & Field/Athletics	82	215	212	189	286	984
Volleyball	12	—	—	—	—	12
Weightlifting	21	53	121	181	219	595
Wrestling	16	10	19	40	9	94
Total	338	722	815	758	1,013	3,646

Source: Sport Medicine Council of Canada

* The numbers apply to the fiscal year April 1– March 31; 1988–89 figures are as of February 1989.

Table 2–2
Doping Infractions by Canadian Athletes

Athlete	NSO	Confirmed Positive	NSO Sanction Duration	FAS Sanction Duration	Carding Duration
G. Greavette	CWF	08/83	1 year	—	1982–88
M. Viau	CWF	08/83	1 year	—	1981–83
		08/85	life	life	
T. Hadlow	CWF	07/84	5 years	5 years*	1975–84
L. Chagnon	CWF	07/84	2 years	2 years*	1980–82
R. Choquette	CWF	07/85	2 years	2 years*	—
Y. Darsigny	CWF	09/85	2 years	2 years*	1983–85
M. Pietracupa	CWF	08/85	2 years	2 years*	1979–85
G. Salvas	CWF	08/85	2 years	2 years*	—
M. Parente	CWF	08/86	2 years	life	1983–86
J. Demers	CWF	09/88	2 years	life	1982–88
P. Gill	CWF	09/88	2 years	life	1985–88
D. Bolduc	CWF	09/88	2 years	life	1985–88
K. Roy	CWF	09/88	2 years	life	1981–88
H. Willers	CTFA	06/85	18 months	life	—
R. Gray	CTFA	08/86	18 months	life	1978–86
P. Dajia	CTFA	08/86	18 months	life	—
M. Spiritoso	CTFA	08/86	18 months	life	1985–86
L. McCurdy-Cameron	CTFA	02/88	3 months	—	—
B. Johnson	CTFA	09/88	2 years	life	1980–88
L. Mady	CASA	10/85	1 year	1 year	1978–84
R. Gameiro	CWF	03/89	under appeal	under appeal	—
B. Karch	CWF	07/89	2 years	life	—
J. Rocheleau	CTFA	07/89	2 years	life	1985–89
P. Lafleur	CFA	07/89	under appeal	under appeal	—
C. Langford	CABLA	09/89	under appeal	under appeal	1987–89

* Penalties applied under the 1983 Sport Canada policy prior to the lifetime ban for anabolic steroids.

Abbreviations: National Sport Organization (NSO), Fitness and Amateur Sport (FAS), Canadian Weightlifting Federation (CWF), Canadian Track and Field Association (CTFA), Canadian Amateur Swimming Association (CASA), Canadian Fencing Association (CFA), Canadian Amateur Bobsleigh and Luge Association (CABLA).

3

Banned Substances and Practices

ANABOLIC STEROIDS

All five disqualified Canadian athletes who intended to compete or did compete in Seoul had been using anabolic steroids. Almost all prior disqualifications of Canadian athletes had been for the use of anabolic steroids. Internationally anabolic steroids also loom large. They were banned by the IOC Medical Commission in 1974. The first testing for them at an Olympic Games occurred at the 1976 Olympics in Montreal. Since 1976, two-thirds of the positive tests for use of banned substances at Olympic Games have been for anabolic steroids. These facts are even more striking considering that anabolic steroids account for only a fraction of all drugs banned by the IOC. For these reasons much time was spent in this Inquiry examining matters related to the use of anabolic steroids.

Anabolic steroids are chemical derivatives of the sex hormone testosterone. The word "anabolic" signifies the tissue building effect of the substance. The word "steroid" refers to a family of substances found in plants and animals including cholesterol, bile acids, toad poisons, sex hormones, and plant toxins. Anabolic steroids are only a small part of the family of substances called steroids. They all have a similar atomic structure consisting of four fused rings of carbon atoms. Variations in substituents attached to these rings cause the various biological properties of steroids. Some types of steroids are used to treat asthma or arthritis, for example. Those should not be confused with anabolic steroids. Athletes and others involved in sport nevertheless often use the word "steroids" when discussing the more narrow category properly called anabolic steroids.

Testosterone and its fellow androgen dihydrotestosterone are the primary hormones responsible for the development of male sexual characteristics. "Androgenic" is the term used to describe a substance that promotes male secondary sex characteristics. Consequently one also sees the term "androgenic anabolic steroids" and the term "androgen." In this discussion no distinction will be made between natural and artificial anabolic steroids, although some researchers exclude testosterone itself from the definition of anabolic steroid.[1] Varieties of synthetic anabolic steroids have been developed in an attempt to find substances that produce greater anabolic effects with fewer corresponding masculinizing (androgenic) effects. Nevertheless all anabolic steroids have at least some androgenic effects. Certain anabolic steroids have been developed with increased androgenic effect; these are used medically to replace natural sex hormones but are not favoured by athletes. Because testosterone itself is not water soluble, it cannot be taken by mouth. Chemical variants have been developed to allow oral ingestion and to increase the duration of activity by slowing the rate of metabolism.

Scientists began researching testosterone and variations of it in the 1930s. Commonly cited reports suggest that German troops in World War II were given anabolic steroids to increase their aggressiveness.[2] The physician for the U.S. weightlifting team, John B. Ziegler, has written that he learned in 1956 at the World Games that the Russians were using anabolic steroids, and he soon thereafter developed with Ciba Pharmaceutical of Basel, Switzerland, the commercial product methandrostenolone (trade name Dianabol),[3] the first anabolic steroid used by many of the athletes who testified in this Inquiry.

In Canada anabolic steroids are prescription drugs not available over the counter and hence their use is permitted only under medical supervision. They are controlled by the *Food and Drugs Act*, about which more will be said later. Although the evidence indicates that some physicians did prescribe anabolic steroids for the sole purpose of aiding athletes to improve performance, this is now prohibited by the governing bodies of the medical profession. Hence, where athletes formerly obtained anabolic steroids from physicians as well as from the black market, they are now limited to black market sources.

There are no current medically acceptable uses for anabolic steroids in sport medicine. Medically acceptable uses for anabolic steroids are limited because the drugs have not proven effective for many conditions and, according to the evidence before this Inquiry, they are now being supplanted by other modes of treatment. While medical experts can describe what the range of *permitted* uses are, no statistics are kept to show what *actual* use is made of these drugs by Canadian doctors.

The generally accepted uses of anabolic steroids are for treatment of:

- testosterone deficiency (resulting, for example, from testicular or pituitary disease or castration)
- metastatic breast cancer (where the anabolic steroid may inhibit the growth of the cancer)
- debilitating conditions (in chronic disease, burns or other injuries requiring restoration of protein levels) but the effectiveness of this treatment is uncertain
- a rare condition called hereditary angioedema

A controversial use of anabolic steroids has been in the promotion of growth. Because androgens can also stunt growth, this treatment is limited to postpubertal patients. Although androgens may initially promote skeletal growth, they later lead to cessation of growth because they block the function of the epiphyses, the growing portions of the long bones. A former use for anabolic steroids was the stimulation of red blood cell production in patients suffering certain types of anemia. Both of these uses have been supplanted by newer, more effective drugs.

Anabolic steroids have been used, though not widely, for the treatment of postmenopausal osteoporosis; however, their effectiveness for the therapy of this condition has never been proved. Clinical trials of their effectiveness are at present being planned. It is to be expected that even if these drugs prove effective, they will produce unwanted virilizing effects, because, as noted above, all anabolic steroids are androgenic. Apart from the medical uses, anabolic steroids continue to be widely used in veterinary medicine to promote weight gain, muscle strength, and achieve other related effects in animals.

In the context of sport it must not be forgotten that anabolic steroids are being used by healthy young men and women, not to treat illness. The analysis of risks and benefits of performance-enhancing drugs is not like the analysis of, say, an experimental cancer or AIDS drug where the adverse effects of the drug pale in comparison to those of the disease.

Anabolic Steroids and Athletic Performance

The overwhelming evidence at this Inquiry is that anabolic steroids enhance athletic performance. Witness after witness spoke of increased strength and size; of a greater ability to train intensely, to resist the pain of workouts, and to recuperate; of improved performances; and of new feelings of confidence, physical well-being, and enthusiasm. Coaches and physicians, who had the best opportunity to observe the athletes, were also unequivocal about the performance-enhancing effects which were evident primarily in events requiring weight and strength (including upper and lower body strength in sprinters).

Even the strongest proponents of the performance-enhancing effects, however, including track coach Charlie Francis and Dr Robert Kerr, a widely acknowledged "guru" of anabolic steroid use by athletes, emphasized that anabolic steroids by themselves are not a short cut to victory. Anabolic steroids are used during training, and the intense training program required of Mr Francis's athletes in addition to their drug programs indicates that they do not provide any short cut. In Dr Kerr's words, "[t]he use of anabolic steroids is not a short cut as far as shorter workouts are concerned. If anything, the athlete on anabolics must work harder not less." In Mr Francis's view, only athletes at the highest level of international performance would benefit from anabolic steroids.

It is noteworthy that the product description of the anabolic steroid Winstrol was revised in the 1989 version of the *Compendium of Pharmaceuticals and Specialties* and clearly acknowledges the subjective views of athletes about anabolic steroids. Previous versions of the compendium had stated that anabolic steroids do not enhance athletic performance. In 1989 it was changed to:

> Use of anabolic steroids by athletes is not recommended. Objective evidence is conflicting and inconclusive as to whether these medications significantly increase athletic performance by increasing muscle strength. The risk of unwanted effects outweigh any possible benefit received from anabolic steroids and make their use in athletes undesirable.

As mentioned above, scientists have yet to determine to their satisfaction whether anabolic steroids indeed enhance athletic performance. Dr Andrew Pipe, elected chairman of the National Advisory Committee on Drug Abuse in Amateur Sport in 1987, testified that the scientific literature is evenly divided between whether anabolic steroids do or do not enhance power and strength: "approximately 50 percent of the investigations have shown improvements of strength measurement with steroid treatment. The remainder have shown indefinite effects."

He explained that the data is inconclusive partly because research ethics committees are unlikely to agree to the use of doses commonly taken by athletes. Nor are these committees likely to consider the object of such research a medical priority. In addition, blind trials cannot be conducted: subjects know when they are taking anabolic steroids because of their mood changes.

In a 1988 review of androgen abuse by athletes, Dr Jean Wilson, a leading American authority on anabolic steroids, went so far as to say that "the published studies may not in fact be relevant to the issue [of the performance-enhancing effects] because they do not encompass either the variety of agents or the dosage levels of the drugs commonly abused. Furthermore, it is unclear that appropriate studies to resolve this issue can ever be completed."[4]

Doctors and scientists have often taken the conservative view that there is no proof, by which they mean scientific proof, that anabolic steroids enhance athletic performance. Nevertheless, the coaches and athletes who testified before this Commission make a convincing argument that anabolic steroids do enhance athletic performance.

Anabolic Steroids and Adverse Effects on Health

There is growing evidence that anabolic steroids subject the user to serious risks both to physical and to mental health. Some of the effects are irreversible even after the user has stopped taking the drugs. The following is a list of the known adverse effects of anabolic steroid use in normal males and females. It must be emphasized that the known adverse effects are based primarily on clinical studies using only low dosages of drugs far below the dosages used by athletes to improve their performance. Consequently, *the effects listed below, already of serious concern, would likely be more pronounced when anabolic steroids are taken in large dosages over long periods of time without medical supervision.*

Stunting of Growth in Children and Adolescents As noted above, anabolic steroids block the function of the growth portions of the long bones. Stunted growth resulting from anabolic steroid use by children and adolescents is irreversible.

This is of particular concern because there is evidence of increasingly widespread use of anabolic steroids by young people. Ironically many use anabolic steroids to improve their appearance but, in trying to build their bodies, they risk stunting their growth. Sadly this happens at an age when the user is unlikely to be aware of the serious consequences and yet there is no second chance.

Changes in Blood Lipids Because cardiovascular disease is the leading cause of death in North America, the effects of anabolic steroid use on blood lipids have been called the most serious physical effects. Their use is known to cause a depression in the chemical in the blood termed high-density lipoprotein and an elevation in the chemical termed low-density lipoprotein; both these chemicals carry cholesterol into cells of the body. If use of anabolic steroids is continued for a sufficient period of time, the changes in blood lipids would be expected to promote the development of hardening of the arteries (atherosclerosis) which ultimately could lead to a heart attack or stroke. While the abnormalities in blood lipids ordinarily disappear on discontinuance of anabolic steroids, it cannot be assured that any atherosclerosis which these abnormalities may have produced will also disappear.

Adverse Psychological Effects The psychological effects pose serious risks not only to the drug user but to family, friends, and the public at large. They include aggressive behaviour (colloquially known as "roid rage") and, potentially, an acute psychosis. Psychological effects will be more fully described below.

Effects on Sexual Characteristics and Function In females, anabolic steroids cause masculinizing and defeminizing effects including:

- increased facial and body hair
- acne
- deepening of the voice
- male pattern baldness
- enlarged clitoris
- reduced breast size
- changes in libido

- masculine musculature
- suppression of menstruation and ovulation
- infertility

Certain masculinizing effects in the female, such as excess hair, deepening of the voice, and enlargement of the clitoris, may not disappear on cessation of anabolic steroid use. Anabolic steroids used by pregnant women can cause masculinization of the female fetus.

In males, anabolic steroids cause, in addition to acne, changes in libido, and other masculinizing effects, the following feminizing and demasculinizing effects:

- testicular atrophy
- suppressed sperm production
- infertility
- breast enlargement (gynecomastia, a result of the conversion of androgens to estrogens in breast tissue)

Impaired Liver Function This is manifested by certain chemical changes in liver function and rarely by jaundice. Irreversible changes to the liver include benign or occasionally malignant tumours (hepatomas) and blood-filled cysts (peliosis hepatis). The latter may be a source of internal bleeding.

Effects on Body Fluids Fluid retention is reflected in increased weight, increased blood and extracellular fluid volume, and on occasion high blood pressure.

Other Effects Nonmedical use of injectable anabolic steroids presents the same risks as other nonmedical injections. There are recent reports of HIV infection transmitted by anabolic steroid users sharing needles. The act of injection by untrained users also can produce adverse effects such as hematomas and abscesses.

It is not enough, however, to list the adverse health effects without giving them appropriate weights. One review of the scientific literature has classified the adverse effects of anabolic steroids into minor and potentially major effects. The review further classified the major adverse effects with respect to their degree of association with specific types of anabolic steroids and concludes that many questions about the real risks of anabolic steroids to athletes are unanswered.[5] Another review distinguished between unmeasurable "subjective side effects" claimed by athletes, such as changes in libido and aggressiveness, and measurable effects such as changes in liver function tests and hormone levels.[6] These factors illustrate the complexity of the study of anabolic steroids.

Dr Wilson has written that "the relation between duration of treatment, pattern of administration and dosage, and drug-drug interactions for the various agents have never been explored systematically. This issue is of even more concern in regard to the problem of drug toxicity in athletes because most reports that conclude that the side effects are innocuous are based on informal surveys of drug abusers rather than systematic examinations of hepatic and renal function in such people."[7]

A recent New Zealand study, *Drugs and Medicines in Sport*, agrees that clinical evidence is simply not available. It concluded

> that, while it is not recommended that otherwise healthy individuals undertake drug treatments for non-clinical purposes, there is no prima-facie evidence to support the notion that anabolic agents cause serious clinical side-effects in athletes . . . However, one must caution against interpreting this lack of evidence as indicating that the drugs are safe to administer at levels currently used by athletes, since this too cannot be supported on the basis

> of the currently available evidence. It may be possible that long term evidence, currently unavailable, may support a causal relationship between steroid use and severe physiological abnormalities.[8]

Evidence at the hearings showed that athletes in general began with low dosages, but quickly increased their intake to several times the original dosage. Some of the athletes had been using anabolic steroids regularly for nearly ten years, taking large doses for many weeks each year. Most of the scientific literature, however, concerns medical uses. Consequently it is not easy to extrapolate from the medical doses monitored by physicians to the prolonged unmonitored doses used by athletes.

As noted above, anabolic steroids are prescription drugs intended for use only when monitored by a physician. Even those physicians who advocate the use of anabolic steroids concede that the drugs are abused whether or not a doctor supervises the user. Dr Robert Kerr stopped prescribing anabolic steroids to athletes because he realized that he could not keep them away from the black market. They would use larger doses and many different types of drugs from what he had prescribed. Dr John B. Ziegler, who helped launch American athletes into the use of drugs in the 1950s, has written: "I gave them very low dosages (5 mg.). A short while later, I found out they were taking far in excess of this behind my back and developing all sorts of medical pathologies . . . I discontinued this area of my experimentation. The athletes got their hands on the drugs in the 1960s and in just fifteen to twenty-five years have turned it into one big mess."[9]

In addition to the physiological effects, serious psychological effects are now being reported. A report prepared by the Bureau of Dangerous Drugs concerning anabolic steroid use in Canada states:

> There is growing evidence which suggests that anabolic steroids have an euphoric effect, increase an individual's sex drive and may induce psychosis or mania in athletes. One side effect noted or experienced by individuals abusing these drugs is increased feelings of aggression. This effect is commonly referred to as "roid rage" or "killer instinct." The aggressiveness which results from the use of these drugs is often felt to be desirable by athletes abusing anabolic steroids because it enhances their drive to practice hard and compete. Recently, a hypothesis appeared in the literature which suggested that regular and excessive consumption of anabolic steroids may lead to a physical dependency similar to that which is witnessed with opioids.[10]

Dr K.B. Kashkin and Dr H.D. Kleber, in a June 1989 article presented to the IAF World Symposium on Doping in Sport at Monte Carlo called "Psychiatric Effects of Doping with Anabolic-Androgenic Steroids," have postulated

> the existence of a previously unrecognized drug addiction, a sex steroid hormone–dependence disorder, as defined by the following commonly accepted criteria for psychoactive substance use disorder: (1) the hormones are used over longer periods than desired; (2) attempts are made to stop use without success; (3) substantial time is spent obtaining, using, or recovering from the hormones; (4) use continues despite knowledge of significant psychological problems caused by the hormones; (5) characteristic withdrawal symptoms occur; and (6) the hormones are often taken to relieve these withdrawal symptoms.[11]

Apart from scientific evidence, the Commission had the benefit of evidence from athletes, coaches, and other witnesses who discussed the following adverse effects which they attributed to their own use of anabolic steroids:

- psychological effects such as impatience, irritability, aggression, depression, paranoia, and euphoria
- high blood pressure
- nosebleeds

- headaches
- rapid heart rate
- water retention
- loss of flexibility
- stiffness
- recurring injuries
- liver damage
- male breast enlargement
- testicular atrophy
- acne
- difficulty sleeping

These examples of the side effects from the athletes' testimony are not complete because the athletes were not required to speak publicly of intimate personal matters. It must also be noted that the reported effects of anabolic steroid use are dependent on the ability of the observer to detect the effects.

The effects of anabolic steroids as described by witnesses before hearings in other countries are significant. For example, Pat Connolly, former U.S. Olympic track competitor and coach, told the U.S. Senate Judiciary Committee Hearing on Steroid Abuse in April 1989:

> Hearing what the Russians and East Germans were using had not had the impact on me as did watching, up close and personal, the masculinization of some of our best women athletes. I was saddened to tears when I spoke to a top Olympic athlete whom I had tried to recruit as a high school girl some years before. She responded with a very deepened voice, her performances had surpassed any expectations that expert coaches had predicted for her. Only God knows what price she will have to pay. She, like some of her teammates, has sold out to the temptations of money and glory. In what is a total violation of ethics in a sport that used to set the standard, they are bankrupting us all. But I am worried about the physical and mental health of this athlete. She is now so paranoid that she carries a gun.

> How can it be that the five best athletes of a prominent coach all have unusually deep voices while the voices of his less successful athletes remain unchanged?
>
> After 29 years in sports, I can testify that women who train and compete at the highest levels do not have:
>
> - thickening of their vocal cords which deepens their voice
> - thickened facial hair and other body hair
> - an enlarged Adam's apple, nor clitoris
> - occasions of uncontrollable aggression
>
> No female athlete I have coached has gone for months without menstruating.
>
> . . . Athletes who have been encouraged to use drugs by their former coaches have come to me for help. They also confirm these types of changes, as well as complain of acne, dry spotty skin and different body odor, ovarian cysts, abnormal patterns of and excessive bleeding and liver dysfunction. Some of these changes are non-reversable. Knowing these potential problems, there are doctors who are still willing to help them use steroids and pass doping controls.
>
> In the United States I have heard of four male coaches of top athletes who have encouraged their women athletes to use steroids. I know of no woman coach who advocates the use of male hormones.
>
> If you think about it, giving male hormones to women athletes in order to break records is like castrating young boys to keep their soprano voices for a choir.[12]

Sprinter Diane Williams, formerly coached by Ms Connolly, explained to the U.S. Senate Judiciary Committee Hearing:

> Women taking anabolic steroids, shift the balance of their appearance so that it resembles that of a man. I did experience an abnormal to no menstrual period, which is often suppressed and certain masculine features appear (mustache and fuzz on chin). My clitoris which is a penis equivalent, started to grow to embarassing [sic] proportions; my vocal cords lengthen to a deeper voice and a muscular pattern of hair growth appears . . .

> Scientific studies have linked anabolic steroids to sterility, high blood pressure, cancer of the liver, permanent masculinization in women, irreversible heart damage and dramatic mood swings. I have been experiencing some possible adverse reactions such as, intense itching, sore mouth, higher sex drive, depression, vaginal bleeding and most of all lower abdominal pain.[13]

In testifying before this Inquiry, many athletes spoke of the negative psychological effects of anabolic steroids. When asked if he noticed any effects on his emotions, David Bain, a high school football player and bodybuilder, spoke of

> depression, paranoia and aggressiveness. I felt that a lot, the depression and the paranoia . . .
>
> Half way through the year, I guess it was, my coach came and talked to me about it because the captains of the team went to the coach saying they were worried about me because of my mood swings . . . They didn't know how to handle me, like talk to me. They didn't know how to talk to me anymore, they said.

David Bolduc, a member of the Canadian weightlifting team, began taking more and more anabolic steroid pills and injections until, in his words, he "lost control." Steve Brisbois, a bodybuilder, admitted that anabolic steroid injections made him very aggressive, moody, and more irritable. He subsequently changed his mind about the safety of the drugs:

> I didn't realize the changes that were happening. I just — I was too excited about the gains I was making and about progressing with the use of anabolic steroids although I didn't realize it was causing me a lot more harm all around me, not only in my health but also in my surrounding, as an atmosphere with family, friends and so on. I became very irritable and I — from my experience, I just didn't feel it was worth it.

> Again, from all these studies that were coming out recently, about what steroids can do to you and exactly what they can do in the future with — nobody really knew about, I just didn't think that it was worth the risk to continue taking them.

Bishop Dolegiewicz, a thrower and coach, spoke about the psychological impact of withdrawal from the steroid program: "There's a very heavy price to pay. In that respect, you become severely depressed when you get off a very large dosage . . . the dangers are much more profound than just suffering psychologically. You suffer physically, too."

Daniel Markus, a university football player, said he did not like himself very much when he was using anabolic steroids, and spoke of a "definite change in my character" while using them over a two-year period. Similarly, Bruce Pirnie, thrower and coach, commented about the effect of increasing the dosage of anabolic steroids that he was taking:

> At this time I was teaching school, and I found that the additional dosage made me very, very irritable.
>
> I had a great deal of difficulty sleeping, and I became quite concerned because at the time I was up to — and I also put on weight. At the time I was up to about 315 pounds. And when you are teaching young people and you are as big as I was and as strong as I was, I was very much concerned that I might lose control at some time physically. And at that point, I didn't like myself very much. I didn't like what was happening to my personality, I was very uncomfortable with this.

Many other athletes confirmed that they became more aggressive and suffered mood swings as a consequence of the use of anabolic steroids.

In many countries there is growing concern about the harm caused by the abuse of anabolic steroids. As will be discussed later, legislators in the United States, United Kingdom, Australia, and elsewhere are taking steps to increase the control of these substances because of the risks to health. They too are convinced that anabolic steroids are a serious health threat.

STIMULANTS

Stimulants comprise a variety of drugs used to increase alertness and reduce fatigue. In Olympic history many stimulants have been tried, including coffee, coca leaves, strychnine, and others too numerous to list. Dr Robert Kerr reported in 1985 that strychnine, deadly at high doses, was still used by East Bloc athletes.

When doping control was introduced in the late 1960s, stimulants such as amphetamines were the most obvious problem drugs in sport. Since that time, doping control laboratories have developed effective methods of detecting stimulants. This is primarily because stimulants, unlike anabolic steroids which are used in training, are "competition-day" drugs. Hence evidence of stimulant use is likely to be in the athlete's urine during in-competition testing. Indeed, in the view of Dr Robert Dugal, head of the IOC-accredited laboratory in Montreal, in-competition testing has effectively abolished the use of stimulants and other drugs immediately prior to competition. Those stimulants detected most frequently today are drugs which can be used inadvertently, such as ephedrine in cold remedies.

NARCOTIC ANALGESICS

Narcotic analgesics are pain killers and include morphine and analogous substances. Dr Dugal's comment with respect to amphetamines also applies to this class of substances. Used on the day of competition, they are readily detectable.

BETA BLOCKERS

Used to control heart rate and blood pressure, these drugs would decrease athletic performance in most events. Their abuse is limited to events such as shooting and archery where control is more important than activity. Abuse of beta blockers can cause:

- heart failure
- bronchiospasm
- nervous system effects (depression, sleep disorders including insomnia and nightmares)
- sexual dysfunction in males (decreased libido, impotence)

DIURETICS

Diuretics are substances that increase the excretion of salt and water in the urine. Medical uses of diuretics include treatment of high blood pressure and excess fluid retention. Athletes have commonly used diuretics to reduce their weight, either to qualify for a lower weight category or in the belief that loss of weight increases performance. More recently athletes have been using diuretics in the hope that the testing laboratory will be unable to detect doping substances.

Reduction in potassium ions in body fluids is the most common effect of diuretics and one that causes other adverse effects. Low levels of potassium can interfere with muscle function, in particular the function of the heart. Diuretics can cause muscle weakness, cramps, and fatigue. Dehydration also reduces strength and endurance, exactly the opposite of the effects athletes desire from other drugs.

In discussing the risks of diuretic use, Dr Pipe offered the following explanation:

> In association with producing a brisk outflow of urine, along with that urine very often comes other chemicals, in particular, classic chemicals we refer to as electrolytes; potassium being a very important one.
>
> Potassium, a stable level of potassium, quite simply, is very important for muscular contractions, for the regularity and efficiency of the heart beat.
>
> If I can give you an example, which I believe I mentioned yesterday, a young Canadian athlete seeking to make weight for an event in Caracas, Venezuela in 1983 ran outside at noon in two jogging suits, covered with plastic garbage bags, with a hat, trying to sweat off as much weight as he could, as much water as he could and, at the same time, was using diuretics.
>
> He was subsequently found unconscious because of the electrolyte imbalances that resulted from that kind of process.

The International Olympic Committee first banned diuretics in 1985, and the first Olympic application of the ban was at the winter and summer Olympic Games of 1988. The editorial comments to the IOC banned list say that diuretics can be screened during the weigh-in for events involving weight classes. For most events, the laboratories test urine samples for diuretics only when their presence is suspected.

CHORIONIC GONADOTROPIN

Chorionic gonadotropin (CG or hCG, human chorionic gonadotropin) is a hormone produced naturally by the placenta of pregnant women. Detection of chorionic gonadotropin is the basis of a pregnancy test. As a drug isolated from the urine of pregnant women, chorionic gonadotropin is approved for treatment of testicular problems in males and fertility problems in females. Similar substances are produced in the pituitary gland of normal males and females.

Male athletes taking anabolic steroids have used chorionic gonadotropin to stimulate their natural androgen production. Because it stimulates production of both testosterone and epitestosterone, chorionic gonadotropin is used to increase testosterone without exceeding the six-to-one testosterone to epitestosterone ratio that is deemed by the IOC Medical Commission to be evidence of doping.

Adverse effects of chorionic gonadotropin in therapeutic doses include:

- headache
- irritability
- restlessness
- depression
- fatigue
- edema
- precocious puberty
- gynecomastia

Chorionic gonadotropin is only one of a group of similar hormones produced naturally by the endocrine system. Others include luteinizing hormone (LH), follicle-stimulating hormone (FSH), and thyroid-stimulating hormone (TSH). Artificial manipulation of these and many other aspects of the endocrine system can be used to control an athlete's body functions.

GROWTH HORMONE

Growth hormone (also known as hGH, human growth hormone, or somatotropin) is a pituitary hormone with many effects on the body's metabolism. One of its major effects is implied in its name: it is required for normal growth and its deficiency in children results in dwarfism. In adults it controls the metabolism of lipids and carbohydrates.

Until 1985 hGH was extracted from the pituitary glands of cadavers. Pituitary hGH was withdrawn from use in 1985 after its association with Creutzfeldt-Jakob disease, a lethal degenerative neurological disease caused by a slow virus, believed to have been introduced as a contaminant of the pituitary extract. Since that time, hGH has been produced synthetically, and patients who received the suspect form of hGH are registered in a surveillance program. Of course athletes who used the extracted hGH are not registered, even though they may be at risk.

Growth hormone is an expensive drug issued in Canada only through hospital pharmacies, and its distribution is controlled through the mechanism for payment by provincial health-care plans. Physicians who are members of the Canadian Growth Hormone Advisory Committee decide who receives growth hormone from the health-care budget. Growth hormone has only one legitimate use, treatment of growth hormone deficiency in children, and approximately 600 children in Canada are registered recipients. Estimates in the United States suggest that fewer than ten thousand individuals there need growth hormone treatment. Manufacturers of synthetic growth hormone are seeking new uses for their product. Experimental uses include treatment of burns and healing of wounds.

Athletes use growth hormone because it cannot be detected and they expect to achieve similar performance enhancement as that resulting from anabolic steroids. No scientific studies have demonstrated the performance-enhancing effect of growth hormone, and, as with anabolic steroids, it is unlikely that such studies could be done ethically in humans.

The adverse effects of growth hormone in adults are many. Adults who naturally produce excess growth hormone may suffer a condition known as acromegaly characterized by distorted bone and organ growth, enlargement of the fingers and toes, enlargement of facial features, thickening of the skin, hair growth, heart and thyroid disease, high blood pressure, impotence, glucose intolerance leading to diabetes, and a shortened life span. There is evidence that growth hormone produces larger but weaker muscles. In children and adolescents, excess growth hormone can lead to gigantism.

The experience of Canadian sprinter Angella Issajenko is instructive. She eventually developed hypoglycemia which she attributed to her use of growth hormone.

Athletes not only inject themselves with growth hormone but they also use other drugs to try to increase their own body's rate of growth hormone production. Notwithstanding the strict control of growth hormone there was evidence of increased use by other sprinters, bodybuilders, weightlifters, and intercollegiate football players whose sole source of supply has been the black market.

BLOOD DOPING

The IOC banned list defines blood doping as "the administration of blood or related red blood products to an athlete other than for legitimate medical treatment." Blood doping is based on the principle that the amount of oxygen available to body tissues is limited by the number of red blood cells in the blood. In theory, increasing the red blood cells increases the amount of oxygen to the tissues which in turn allows the athlete to exercise more vigorously or longer.

Dr Norman Gledhill, an exercise physiologist and former president of the Sport Medicine Council of Canada, explained how an athlete could have blood removed, the red blood cells (erythrocytes) separated from the plasma, and the red blood cells freeze-preserved. Meanwhile the athlete's own red blood cell count would gradually return to normal in about two months. Shortly before a competition the red blood cells could be thawed, reconstituted with normal fluid, and then reintroduced into the athlete's bloodstream. Consequently the athlete would have the benefit of an abnormal number of red blood cells, a condition known as erythrocythemia. Dr Gledhill described the preservation of blood as a sophisticated process needing considerable laboratory assistance. He also described an easier method, that of transfusing someone else's blood into the athlete.

Blood doping would be of benefit to athletes in events taking place over a long time such as long-distance running, cross-country skiing, and cycling.

The risks of blood doping are:

- infection, including HIV infection
- potentially lethal reaction from incompatible blood
- allergies
- high blood pressure

In 1978 Dr Gledhill, together with researchers from Toronto's Hospital for Sick Children and the Canadian Red Cross, did a study intended to determine whether blood doping indeed improved performance. Previous inconclusive studies had used normal refrigeration that had allowed red blood cells to deteriorate. He experimented instead with frozen blood. In his study of highly trained male track athletes of national and international calibre, he found that blood doping gave them a significant increase, of the order of 5 percent, in their maximal capacity to use oxygen.

Dr Gledhill said that national level athletes might work for an entire year to achieve the same 5 percent increase they had achieved overnight by blood doping.

At the time he did the study, it was Dr Gledhill's view that blood doping was banned by the general IOC definition prohibiting "the use of physiological substances in abnormal amounts and with abnormal methods with the exclusive aim of attaining an artificial and unfair increase in performance in competitions."

Although progress is being made on the detection of blood doping, there is at present no foolproof method to determine that a high red blood cell count is the result of blood doping. Nevertheless, in July 1978 Dr Gledhill met with IOC Medical Commission representative, Dr Arnold Beckett, and presented him with the evidence that blood doping definitely enhances performance. Dr Gledhill suggested that blood doping be banned specifically. He was of the view that blood doping need not be detectable to be on the banned list. Athletes would know that blood doping was considered cheating and they would have to make the personal decision whether to cheat.

Dr Beckett on behalf of the IOC took the position that blood doping should not be on the banned list until it could be detected. Four years after his meeting with Dr Beckett, Dr Gledhill attended a meeting of the International Sports Medicine Federation where he renewed his suggestion and again received the same response.

Meanwhile, Dr Gledhill's 1978 study had been published, as a result of which a prominent U.S. coach of middle-distance and distance runners flew to Toronto to ask Dr Gledhill if he could bring his athletes to be blood doped. Subsequently, a doctor associated with this coach requested from Dr Gledhill information about the handling of blood for blood doping. He also received a telephone call from a person identified as a national team member from another country requesting blood doping. Dr Gledhill refused in all cases.

After the Los Angeles Olympics in 1984, members of the U.S. cycling team admitted having competed with the aid of blood doping. Among the cyclists who participated in the blood doping were a number of medal winners. They had used blood from donors, not their own blood. According to Dr Gledhill, of at least seven athletes involved, three had become ill. Dr Gledhill was a member of a panel convened by the American College of Sports Medicine to explore this incident. He learned that the physiologist involved with the U.S. cycling team had maintained that blood doping was not banned and because it was not banned it was not cheating. He was therefore able to convince the athletes that they were not cheating.

Shortly thereafter blood doping was banned by the IOC.

URINE SUBSTITUTION

Dr Gledhill had a similar experience when he recommended that the practice of urine substitution be banned. Urine substitution or transplanting involves the replacement of the urine in an athlete's bladder with urine from someone not using drugs. At the same 1982 meeting in which Dr Gledhill discussed blood doping, he suggested that urine substitution be banned. The IOC did not ban the practice until 1985.

SODA LOADING

Dr Gledhill has also expressed concern about the practice of soda loading whereby an athlete consumes large quantities of substances such as bicarbonate of soda to prevent deleterious acid increase in muscle. In Dr Gledhill's view, although the IOC has been a leader in many issues, it has been slow to respond to the issues described above.

MASKING AND BLOCKING AGENTS

Frequent references were made in the testimony to substances known as masking agents or blocking agents. These substances are said to interfere with the ability of the laboratory to detect banned substances.

In a letter dated July 27, 1987, Dr Dugal rejected the suggestion of the manager of the Canadian Weightlifting Federation that effective masking agents existed:

> You indicated that "coach A. Kulesza mentioned to me that some countries possess products capable of masking anti-doping controls."
>
> This is another rumour especially dear to some athletes which is used either to discredit the anti-doping laboratories or to justify the use of doping substances, whether to excuse one's own deficiencies in relation to superior performances or to discredit anti-doping programmes like Canada's. I have heard this story for the past ten years from athletes (and, unfortunately, from officials as well). I have asked for proof. No-one has ever provided any.
>
> What are these products? How can they "mask anti-doping controls"? I have only one thing to say on this subject. If Mr. Kulesza were able to document his statement, he would have given you the information and I am sure that you would have been eager to get it to me. Rather than that, you insist on repeating unverified statements — which, furthermore, are scientifically absurd and show an absolute ignorance of the analytical methods and procedures used in anti-doping tests.

Although Dr Dugal required proof of the existence of masking drugs, some athletes believed they possessed them. Two witnesses, members of the Canadian weightlifting team, produced capsules containing what they described as masking drugs. The capsules were part of the drug program in Czechoslovakia described elsewhere in this report. They had been told to take large quantities of the drugs several hours before providing a urine sample for testing. Upon laboratory analysis, one athlete's capsules were found to contain citric acid. Various mechanisms of action have been suggested to explain how citric acid might mask drugs but none are conclusive. In the opinion of Dr Dugal, citric acid is "a very expensive placebo." The other athlete's capsules contained lactose (milk sugar) that had been dyed pink. Lactose has no conceivable masking effect. Nevertheless the weightlifters regularly consumed their so-called masking drugs before being tested.

There was also a great deal of evidence about a special drug that technically does not mask but that blocks the detection of anabolic steroids. The drug probenecid was designed to slow the excretion of penicillin, thereby increasing the time it is retained in the body and thus its effectiveness. Although probenecid is currently used in penicillin therapy for resistant conditions such as gonorrhea, it is primarily used for its effect on the excretion of uric acid in the treatment of gout. Athletes became interested in probenecid because of its ability to impair the excretion of banned substances.

According to Dr Donike of the IOC subcommission on doping and biochemistry of sport, probenecid was first detected in his laboratory in urine collected by the Norwegian Confederation of Sports as a result of their out-of-competition testing of athletes training in Texas in May 1987. Dr Donike had received diluted samples but could not detect diuretics. Five of six samples contained probenecid. The samples also exhibited unexplained changes in the expected concentrations of male sex hormones and their metabolites. Dr Donike was able to determine that probenecid was responsible for these unusual observations. He then alerted all of the IOC-accredited laboratories to check samples for probenecid. At the July 1987 Pan American Games in Indianapolis, four examples of probenecid abuse were detected. All four healthy athletes had presumably not been using probenecid for gout or gonorrhea but rather to mask their use of anabolic steroids. No anabolic steroids were detected in their samples, and they could not be penalized for using probenecid because at the time the drug was not banned. In October 1987 the IOC subcommission on doping and biochemistry of sport approved an amendment to the banned list to include probenecid.

The probenecid case is an excellent illustration of the evolution of drug testing, what Dr Dugal termed "the cat and mouse game." It has been said that the cat is slow and the mice very fast — that the laboratories are always a step behind the athletes who will always discover new means of avoiding detection.

RESTRICTED DRUGS

In addition to drugs and substances that are banned outright, some drugs are subject to restrictions. As noted in the IOC banned list set out above, alcohol and marijuana are not prohibited by the IOC but may be subject to tests at the request of international federations. Local anaesthetics are permitted under limited conditions, as are corticosteroids.

MULTIPLE DRUG USE

Growth hormone and chorionic gonadotropin illustrate another basic problem with drug abuse quite apart from the health risks of individual drugs. Drug use by athletes causes unwanted effects that lead them to take other drugs to control those side effects. Steroids for performance, diuretics to control fluid retention caused by steroids, electrolytes to control the effects of diuretics, anti-estrogens to combat gynecomastia, chorionic gonadotropin to raise natural steroid production . . . the list never stops unless the original drug use stops.

Anabolic Steroids as a Gateway Drug

It has also been said that multiple drug use of a different kind can be connected to anabolic steroid use. Another major concern is the danger that the use of anabolic steroids may lead to the use of other drugs. Senator Joseph Biden, in his opening statement at the Hearing on Steroid Abuse in America, April 3, 1989, commented that "experts have told us steroids could become another 'gateway drug' for marijuana and cocaine. If young people accept the idea that using steroids to build the body is okay, they may be all the more likely to try other drugs to alter their minds."[14]

From the foregoing evidence, there can be no doubt that athletes who use banned substances or are engaged in banned practices are exposing themselves to serious risks to their health. Although this Inquiry, of necessity, focused on the abuse of anabolic steroids, clearly athletes are resorting to many other substances and practices in attempts to improve performance while disregarding associated health risks. All of these techniques are of concern and cannot be ignored in any solution to the problem of doping in sport.

4

Doping Control Procedures

COLLECTION OF URINE SAMPLES

Many of the athletes who have had positive tests have launched appeals based on the security of sample collection. Hence it is worthwhile to discuss generally how urine samples are collected and sent to the laboratory for analysis. The Sport Medicine Council of Canada (SMCC) has set out the procedure to be followed for doping control in Canada in a standard-operating-procedures manual. The SMCC is responsible for the mechanics of sample collection, analysis, delivery of results to appropriate bodies and individuals, the hearing of appeals, and the provision of arbitration services. It has no responsibility for selecting those to be tested or in the application or development of sanctions. Since virtually all testing to date has been on the day of competition, the procedures refer only to competition testing.

Responsibilities of National Sport Organizations

The national sport organizations are required to submit an annual plan to Sport Canada identifying instances where doping control should be carried out and the number of samples to be collected. Sport Canada approves the plan but the sport organization decides the events at which athletes will be tested and numbers of samples to be taken.

The sport organization must put together a competition doping control committee. The committee must be composed of at least three persons — a member or representative of the sport organization's medical-scientific committee to preside over the competition doping control committee; a doctor, pharmacist, nurse, or medical technician to be in charge of the doping control station (whose duties include securing the facility, ordering the necessary supplies, and arranging for adequate staffing); and finally a technical delegate, who it is suggested should be the sport organization's technical director.

The sport organization must then notify the competition organizing committee of the proposed testing, and must notify the Sport Medicine Council of the dates of competitions at which samples will be collected and the number of samples to be taken. The Sport Medicine Council then informs the laboratory at which the urine samples will be tested.

Forms, collecting vessels, bottles, and shipping containers are obtained from the Sport Medicine Council, but it is the responsibility of the sport organization to ensure their security and delivery to the competition organizers, as well as the security of the sealing devices which are also obtained from the Sport Medicine Council. These sealing devices "shall be handed only to the Chairman of the Competition

Doping Control Committee." The sport organization is also responsible for appointing the courier to deliver the control bottles in their containers to the designated laboratory.

Responsibilities of Competition Organizers

The competition organizers must provide the physical facilities for the doping control station, post signs, direct athletes to the station, ensure that the equipment and forms obtained from the Sport Medicine Council through the sport organization are at the site, provide a lockable refrigerator for storing the samples as well as towels, soaps, beverages, and snacks for the athletes. The competition organizers are also responsible for providing two assistants (medical, legal, or technical) to aid the official in charge of the doping control station during sample-taking procedures. They must also provide marshals to carry out sundry tasks in and around the doping control station.

Selection of Subjects

The head of the doping control committee, in conjunction with the other members, is responsible for determining criteria for selecting the athletes to be tested immediately prior to the competition or during the competition. This is done by filling in the "Doping Control Selection Order" and sealing it in an envelope indicating the competition and finishing position or starting number to be tested. The envelope is then given to a marshal who immediately goes to the site of the specific event. Immediately prior to the event, the marshal opens the envelope to see which placing has been chosen for dope testing. The marshal then reports to the official in charge of the event the placements to be tested. When the event is over, the marshal presents the athlete selected with the text of the "Notice to Athletes — Doping Control Procedure (Appendix A)" and the "Doping Control Selection Order." The athlete is required to read and sign the form and note the time. The form is then handed to the official in charge of the doping control station.

The marshal must then accompany the athlete at all times until they both arrive at the doping control station. If necessary, the marshal must escort the athlete to the awards presentation site. The athlete is allowed a reasonable opportunity to summon a coach, doctor, team official, or other representative to accompany him or her to the doping control station. The athlete must report, accompanied by the marshal, to the doping control station not later than thirty minutes after the event. If the athlete is competing in another event on the same morning or afternoon, the doping control station must be advised of that fact, and the testing may be carried out within thirty minutes after the completion of the second event.

Taking the Sample

The doping control station is divided into three areas. The *waiting room* should be large enough to accommodate the athletes, team officials, doping control officials, and marshals. Only authorized station personnel and athletes undergoing testing and one team official per athlete are to be admitted to this room, and there should be security on the door to limit access. The sample containers, sealing material, and the lockable refrigerator for storage of the samples are located in the *working room*. It is used for the signing of official documents, the athlete's selection of containers, the processing and sealing of containers, and the packaging and storage of samples. This room must also be secure. The third room should be the *lavatory*, containing a sink and toilet, and it should be connected to the working room. It should be large enough for the athlete and a doping control official to move about freely.

The athlete selects a vessel from among those provided for collecting samples and is accompanied by an assistant when supplying the required minimum sample of 100 mL of urine. The assistant must certify that the urine is indeed that of the athlete. The athlete then chooses two bottles into which he or she pours the urine sample, a minimum of 75 mL in the A-bottle and a minimum of 25 mL in the B-bottle. The athlete closes the A- and B-bottles with stoppers and tests for leakage by inverting the bottles. He or she then chooses a label coded by number which is affixed to each bottle in the athlete's presence. The bottles are also sealed in the presence of the athlete and his or her representative. The athlete alone handles the vessel and bottles to guard against the possibility of contamination by anyone at the station.

The code numbers are entered on the doping control form by the head of the committee in the presence of the athlete and the athlete's representative. The doping control form is then signed by the athlete and the representative confirming that the procedure has been carried out correctly. Other attending officials of the doping control station must also sign the form.

If the head of the committee has reason to suspect that the sample given is not a true sample, he or she may require the athlete to provide a second sample in the same manner as the first. The bottles containing the urine samples are placed in lockable containers along with the laboratory's copy of the doping control form.

Appeals

At any time during this procedure, and until such time as the competition is concluded and the samples are packaged and sealed for shipment to the laboratory, the athlete may formally register a protest about the conduct of the doping control procedures. The registering of a complaint, however, is not justification for refusing to participate in the doping control procedure.

Indeed, refusal by the athlete to follow the proper doping control procedures will be considered a positive test. The athlete has a further opportunity to file a protest after being notified of confirmation of a positive B-sample. The protest must be filed within two weeks of notification of a positive test result, and the grounds of the appeal must be specific. If the written protest is rejected, the athlete has the right to have the matter submitted to an arbitrator. The Sport Medicine Council has accepted the onus of satisfying the arbitrator that the standard operating procedures have been "substantially complied with." According to the brief submitted to this Inquiry by the Sport Medicine Council of Canada, in no case to date has any protest been made at the time of sample collection. In each case where an appeal has been filed, the athlete had signed the doping control form indicating satisfaction with the testing procedures.

Transportation

The head of the competition doping control committee is responsible for ensuring secure transportation of the samples "as quickly as possible" to the laboratory. The laboratory must be an IOC-accredited laboratory. The head of the committee must oversee the shipment of the samples and the chief of the laboratory must be notified of the time and method of arrival. If the samples are not being shipped directly to the laboratory, the chief of the laboratory is responsible for the security of the pick-up. The laboratory confirms the receipt of the closed and sealed containers by signature. The reserve B-bottles are stored in the laboratory where the first analysis is to be carried out.

Analysis of the A- and B-sample is done at the same laboratory but, in accordance with IOC rules, by different staff. Analysis of the A-sample must be done within ten working days following delivery of the samples.

Procedures at Seoul

Dr Donike, head of the IOC-accredited laboratory in Cologne, explained the doping control procedures at Seoul which were substantially the same as those described above. Personnel at the doping control station included the head of the station, a Korean medical doctor, four or five persons to observe the actual production of the sample, and security personnel at the entrance to check credentials. As an example of the strictness of the security, Dr Donike, despite having the proper accreditation card and what he described as the regular card permitting him to enter the doping control station, on one occasion had difficulty getting in because he was not wearing the proper clothing.

According to Dr Donike, since the Los Angeles Games, IOC policy requires one member of the IOC to supervise the doping control station. A medical doctor and four or five staff observe the collection of the sample, in addition to the security people who check accreditation. The "envopacks" used to transport the samples to the laboratory are under the control of one member of the IOC medical commission. The doping control station receives a set number each day, and must account for that number on returning them.

LABORATORY PROCEDURES

So much of doping control depends on the laboratory that, while it would be impossible in a limited space to address the scientific details adequately, it is necessary to describe briefly what occurs there. This discussion begins at the point that the urine samples, having been collected under secure conditions as described above, are delivered to the laboratory.

First, the samples are inspected to ensure that they are properly sealed and still secure. The laboratory assigns a code number and physical description to the samples. The B-sample is stored, and all tests are conducted on the A-sample. The volume, specific gravity, and pH are measured and recorded. Colour, appearance, and any abnormality are also recorded. The A-sample is separated into several smaller portions for the various segments of the testing process. Then the portions of the A-sample are analysed by various testing procedures depending on the category of substance tested. Each portion goes through an extraction (essentially a purification process), a "screening" to determine whether banned substances are present in the sample, and a separate "identification" procedure to determine the exact identity of any banned substance detected in the screening.

Up to eight analytical screening procedures are used by IOC-accredited laboratories to detect the banned categories of substances. Each procedure uses different analytical techniques appropriate to the chemical properties of the different categories of substances under investigation. For example, the first procedure uses gas chromatography to detect volatile doping agents. Another uses high-performance liquid chromatography. The procedure for anabolic steroids uses gas chromatography and mass spectrometry for screening as well as identification.

If the screening procedures detect no banned substance, the laboratory analysis ends and the sample is declared negative. If a banned substance is detected, the identification is done using the combined technique of gas chromatography and mass spectrometry (GCMS) required by the IOC for final identification.

In the result, by electron bombardment the mass spectrometer produces a graph (mass spectrum) of the component molecules and fragments of molecules (ions) characteristic of the detected substances. The results are compared to spectra of known reference substances, and hence a precise identification can be made.

The substance detected in the athlete's urine may be the drug itself but in most cases will be transformed chemical substances, metabolites, produced by metabolic reactions in the body. Because the body metabolizes drugs in predictable ways, the structure of metabolites can be used to deduce the structure of the original drug administered to the athlete.

Having reviewed the technical background to doping in sport, I will now look at the athletes, coaches, and sport organizations before commenting on the implications of this technology for the future of sport.

PART THREE

The Sports and Events Examined

5

Weightlifting

Seven men were selected to represent Canada at the 1988 Olympic Games in Seoul as members of the weightlifting team. Before the competition even began, four had been disqualified for cheating, and the three who did compete had themselves previously cheated or helped the others to cheat. How was this disgrace allowed to happen?

CANADA'S 1988 OLYMPIC WEIGHTLIFTING TEAM

The members of Canada's 1988 national Olympic weightlifting team were David Bolduc, Langis Côté, Jacques Demers, Denis Garon, Paramjit Gill, Guy Greavette, and Kevin Roy. All were carded athletes entitled to a monthly allowance and other financial support paid out of public funds. Since December 1983, as a condition of receiving such financial support, all carded athletes were required by

Sport Canada to enter into a contract with their federations agreeing that they would not be in possession of or use anabolic steroids or engage in other banned practices.

In July 1988, in final preparation for the Olympic competition, all but Mr Roy were sent by the Canadian Weightlifting Federation to a training camp in Czechoslovakia. This was the third time since 1987 that members of the national weightlifting team had trained in Czechoslovakia. More will be said later in this chapter about these training camps. It is sufficient to note here that Messrs Bolduc, Demers, Garon, and Gill admitted in testimony before the Commission to possessing and using anabolic steroids as an aid to training while they were in Czechoslovakia. Messrs Côté and Greavette admitted they had used anabolic steroids in the past but denied having taken them in Czechoslovakia on this occasion.

Since 1984 the Canadian Weightlifting Federation has required its athletes to be tested before their departure for major international competitions to determine whether anabolic steroids or other banned substances could be detected in their urine. When Messrs Bolduc, Côté, Demers, Garon, and Greavette returned to Montreal from Czechoslovakia en route to Vancouver and Seoul, they were asked to provide samples of their urine to a doping control officer. They did so on August 27, 1988. Confident that they had passed the test, they departed the next day for Vancouver to attend a short training camp prior to leaving for Seoul. Mr Demers admitted that, because the weightlifting competition at the Olympics was some weeks away, he began to take anabolic steroids again the day after he was tested in Montreal.

Mr Gill returned to British Columbia directly from Czechoslovakia and was tested there on August 29, 1988. In his evidence, he also admitted that the day after his test he resumed his consumption of anabolic steroids. Mr Roy continued his training in Sudbury while the others were in Czechoslovakia and was tested in Sudbury on September 2, 1988, before his departure for Seoul.

On September 2, 1988, the INRS-Santé laboratory in Montreal where the samples were analysed advised Marilyn Booth of the Sport Medicine Council of Canada (SMCC) that the samples from Messrs Bolduc, Demers, Gill, and Greavette were unsatisfactory because the urine was too diluted to be tested. The laboratory requested that further urine samples be obtained from these four athletes on a no-notice basis. Ms Booth advised Claude Ranger, general manager of the Canadian Weightlifting Federation at its office in Ottawa, that the urine samples were too diluted and directed that further samples be taken.

By this time the weightlifting team had assembled in Vancouver. Mr Ranger called Andrzej Kulesza, the national coach, in Vancouver and Yvon Chouinard, the interim president of the federation, in Montreal. Mr Ranger testified that Mr Kulesza was not pleased with the request for a new test, explaining that the athletes' concentration would be affected by their being tested again. Mr Chouinard objected to the lack of notice given to the athletes and questioned the right of the Sport Medicine Council of Canada to require further out-of-competition testing, but he acquiesced. He stated in his testimony that his objection was a matter of principle, that it was only the Weightlifting Federation which could conduct out-of-competition testing, and that he was protecting the athletes' rights by demanding that they be given notice. He claimed he did not know the athletes were taking anabolic steroids and did not connect the further testing with the possibility that the use of anabolic steroids would be detected.

Subsequently Dr R.W. Morrell, a British Columbia physician who was to conduct the tests on behalf of the SMCC, spoke to Mr Kulesza on the telephone and advised him of the procedure to be adopted and the time of the tests. Dr Morrell specifically requested Mr Kulesza not to warn the athletes that they would be tested. Mr Kulesza agreed, but when he called Mr Chouinard he was instructed to tell the athletes of the test and to inform Dr Morrell that the athletes would be warned. However, Mr Kulesza did not tell Dr Morrell that he intended to warn the athletes.

Mr Kulesza asked Raphael Zuffellato, the assistant coach, to call the athletes together in the hotel room that he and Mr Zuffellato shared, and a meeting was convened. Although there was some conflict over whether Mr Greavette was present at the meeting, I am satisfied on the evidence that he was there together with Messrs Bolduc, Côté, Demers, Garon, Gill, Kulesza, and Zuffellato. Mr Kulesza advised those present that Messrs Bolduc, Demers, Gill, and Greavette would have to be retested the next day at the hotel in Vancouver because their samples had been too diluted to test properly in Montreal. Messrs Bolduc, Demers, and Gill panicked. It was apparent to all that the only reason for the panic was that these athletes knew they could not pass the test.

Because there was considerable conflicting evidence over the role Mr Kulesza played at this meeting and because of its importance in assessing his responsibility for what had transpired, I will deal with that issue separately. At the meeting, various strategies were discussed for avoiding the detection of the anabolic steroids. One of the athletes proposed bribing a Sport Canada official to cancel the Sport Medicine Council's request for further tests. Mr Garon suggested using a catheter to inject the urine of someone who had not been taking drugs into the bladders of the athletes who were to be tested. The athletes would then be able to pass a sample of that urine in full view of the doping control officer as required by the drug testing rules. Eventually, this strategy was agreed upon.

Mr Garon had some knowledge that catheters had been used by other athletes in the past under similar circumstances and he knew how to carry out the procedure. Mr Demers testified that it was Mr Greavette who agreed to obtain the required catheters. Mr Greavette denied having anything to do with obtaining them. In this respect his evidence was confirmed by Mr Garon, who claimed that he got the catheters from a stranger called Rob who had been watching the training sessions. Mr Garon's evidence in that regard is, I think, not credible. I am satisfied that it was Mr Greavette who did in fact arrange for the catheters to be obtained since he was the only one of the athletes who lived in the area and would be best equipped to make such arrangements. On this issue, I accept the evidence of Mr Demers.

Mr Garon arranged with a cousin of Mr Gill to rent a room in the hotel where the catheter procedure would take place. Mr Gill obtained a bottle of urine from his cousin and delivered it to the coaches' room, where Mr Zuffellato told him to put it in a beer cooler which was kept there. Mr Bolduc also asked Mr Zuffellato to provide a sample of urine. Mr Zuffellato did so and placed his urine in a bottle in the same beer cooler. His explanation for providing the urine was that he did so out of sympathy for Mr Bolduc. All the athletes were advised to drink substantial quantities of beer that evening to flush the steroids from their systems before the test.

The next day the catheter procedures were conducted jointly by Messrs Garon and Côté. The urine obtained from Mr Gill's cousin and Mr Zuffellato was inserted into the bladders of Messrs Bolduc, Demers, and Gill. Apart from arranging to obtain the catheters, there was no evidence that Mr Greavette had any further participation in the use of the catheters by the other athletes, and there was no evidence that he underwent this procedure himself.

After the three athletes had received the urine injections, each went in turn to the doping control station in a room on another floor in the same hotel. When Mr Gill arrived to supply his sample, the doping control officer was not ready for him. Because of this delay, he could not hold his urine and, consequently, had to return for a second injection before he returned to the doping control officer and provided his sample.

Mr Chouinard arrived in Vancouver on the morning of the test. Although he spoke with Messrs Kulesza and Zuffellato, no word of the use of the catheter was mentioned, nor, indeed, was he advised of the panic of the night before.

On Tuesday, September 6, 1988, Mr Chouinard received the results of the tests. Messrs Bolduc, Demers, and Gill had failed because metabolites of anabolic steroids were detected in their urine. Since they were still in Vancouver, they were advised that they could not go to Seoul and were directed to return to Montreal.

Kevin Roy, who had been tested in Sudbury, went to Vancouver and then to Seoul with the remainder of the weightlifting team. On September 11 after he arrived in Seoul, he was advised that he, too, had failed the test and was not allowed to compete. Mr Roy contested his disqualification and appealed it. That appeal was still pending at the time he testified before the Commission.

Of Canada's seven-man Olympic team, four had been disqualified and three competed. Mr Greavette placed tenth in his weight category, Mr Garon sixth, and Mr Côté tenth.

PREVIOUS DRUG USE BY CANADA'S OLYMPIC WEIGHTLIFTING TEAM

The use of anabolic steroids by members of Canada's Olympic weightlifting team in 1988 was far from an isolated event. Four of the seven team members, Messrs Côté, Demers, Garon, and Greavette, testified that they had used anabolic steroids prior to 1983 and all seven had used them by 1988.

Mr Demers admitted he had taken steroids for many years, commencing before the 1983 Pan American Games in Caracas, Venezuela. In October 1983, after a competition in Moscow, he, together with three other weightlifting team members, was discovered at Customs in Montreal attempting to smuggle 22,000 anabolic steroid pills into Canada. In 1986, while at a training camp in Winnipeg in preparation for the Commonwealth Games in Edinburgh, Scotland, that year, he failed a doping control test that detected use of anabolic steroids. He appealed successfully, but only on technical grounds.

Mr Bolduc admitted that he had used anabolic steroids since 1984. He had not failed a doping test, but the adverse effects he suffered from drug use were so obvious that, when he went for medical treatment, the doctor knew by looking at him that he was taking anabolic steroids.

Mr Roy admitted he had been on a steroid program intermittently since the fall of 1983. He had also had a previous experience with a suspect urine sample in 1985, when the SMCC requested he provide a second sample. Mr Roy testified that he would have provided the sample, but the Canadian Weightlifting Federation had not allowed him to do so.

Unlike the other three athletes disqualified from competing in Seoul, Mr Gill had apparently begun to take anabolic steroids when he was attending the training camp in Czechoslovakia in July 1988.

Although Mr Greavette did pass his test before he left for the Seoul Olympics, he had been disqualified at the Pan American Games in 1983 for using anabolic steroids. He also admitted taking steroids during the years 1980 to 1985.

Mr Garon admitted taking anabolic steroids intermittently for some years, including the time he was training in Czechoslovakia in July 1988. During his testimony, he boasted how he was able to avoid detection by paying heed to clearance times and by using masking drugs, some of which he proudly produced at the inquiry. Mr Côté admitted taking anabolic steroids over a short period in 1982, but denied taking them since that time.

The weightlifters explained their actions in two parts: first, all of them were involved almost full time in their weightlifting careers and were dependent on the Government of Canada for financial support; second, from their experience in international competition for many years, they all believed that weightlifters in other countries used steroids and thus they could not compete successfully without using steroids too. They complained that the standards set to qualify for funding from the Government of Canada were related to world standards which, in their view, were inflated standards set by those who had been using steroids. The athletes asserted that, to receive funding, they had to meet those artificial standards and the only way to do so was by the use of anabolic steroids. In 1987, in an attempt to meet these criticisms, Sport Canada lowered the criteria for funding weightlifters at the C-card level, but clearly that was not the answer.

All the athletes admitted that the steroids were invaluable to them in increasing their performance. Some of them regarded steroids as miracle drugs. It was their view that being subjected to drug tests was unfair, that somehow they had the right to compete, to travel around the world for training and competition, and to receive government funding, all the while using steroids to increase their performance. Indeed, many of them were puzzled why they were being deprived of funding even after detection and disqualification.

The athletes were disdainful when it was suggested that their use of public moneys to buy drugs aggravated their conduct. Mr Greavette, for example, merely compared spending taxpayers' money on steroids to welfare recipients' spending money on alcohol.

I could not help but get the impression that, given the opportunity, most of them, if not all, would again resort to the use of anabolic steroids if they thought that was the means to continue to compete internationally. The demoralization of these young men was apparent. On this issue, they had no sense of moral or ethical values. Cheating had become an acceptable way of life, and they were satisfied they were right to conduct themselves as they did. Weightlifting had become something of a cult, and taking steroids a part of the culture. They practised six or seven days a week, enjoying the camaraderie and the opportunity to visit many places throughout the world. They were so desperate to preserve their secret that the idea of bribing an official of Sport Canada readily came to mind. In addition to the dangers associated with the drugs themselves, they risked infection or even more serious harm by resorting to the sordid conduct of urine substitution in order to avoid detection.

CANADIAN WEIGHTLIFTING FEDERATION

The disqualification of four Olympic weightlifters should not have come as a surprise to the Canadian Weightlifting Federation. Of all Olympic sports, weightlifting had the worst record for disqualification in international competition because of the widespread use of drugs:

- At the 1976 Olympic Games in Montreal, seven of the eleven athletes disqualified for doping were in weightlifting.
- At the Pan American Games held in Caracas in August 1983, eleven of the nineteen disqualifications for doping were weightlifters.
- At the 1984 Olympic Games in Los Angeles, five of the twelve doping disqualifications were in weightlifting.
- At the 1988 Seoul Olympic Games, five of the ten doping disqualifications were in weightlifting.

Canadian weightlifters were no exception, and the use of drugs by Canadian weightlifters has plagued the Canadian Weightlifting Federation for many years. In Caracas in 1983, for example, two of the eleven weightlifters disqualified were Canadians, Guy Greavette and Michel Viau. Jacques Demers also participated in the 1983 Pan American Games, and he admitted that he had taken anabolic steroids before competing in those games but that his use was not detected.

Prior to 1983, there was no paid national coach of the Canadian weightlifting team. The coaches were volunteers from various clubs. They were, in effect, personal coaches who accompanied the national team athletes. Two of them were Raphael Zuffellato and Pierre Roy. The head coach, Aldo Roy, was also a volunteer.

Mr Zuffellato was a part-time coach who started in the sport as a weightlifter in 1952. He went on to become a provincial coach, and eventually became a national coach, level two, and assistant coach for the national team. He was always unpaid, apart from travel expenses met by Sport Canada. Pierre Roy became a weightlifter in 1969 and was a part-time coach from 1975 to 1977. In 1980 he became head coach of the junior team, and in 1983 an apprentice coach of the national team. After June 1986 he was employed as a part-time assistant coach for the national team, and his funding was provided by Sport Canada.

Both Mr Zuffellato and Mr Roy were aware of the use of anabolic steroids by Canadian weightlifters even prior to the Pan American Games in 1983, but they chose to ignore it. For some time Mr Roy did not oppose the use of anabolic steroids, because, as he explained, he compared international competition to war and viewed drugs as the necessary weapons. Later, he recognized that drugs were destroying his sport and came to oppose drug use.

Smuggling Incident, October 1983

In September 1983, after the Pan American Games in Caracas, Andrzej Kulesza was appointed national coach of the Canadian team. In October 1983 the team, accompanied by Mr Kulesza, competed in Moscow.

When the team returned to Montreal, Jacques Demers, Terry Hadlow, Mario Parente, and Michel Pietracupa were detained at Customs. They were discovered to be carrying 22,000 anabolic steroid pills which they tried to smuggle into Canada. The pills were seized and the four were charged under the provisions of the *Food and Drugs Act*. All but Mr Parente were found guilty. It is not without significance, as should have been expected, that all four in subsequent years were disqualified from competition because of their use of anabolic steroids.

What greater proof could there have been of the widespread use of anabolic steroids by the Canadian weightlifting team than the importation of such enormous quantities of drugs? Yet the federation made no further inquiry of the athletes. The only penalty imposed was a suspension of the athletes from competition for three months, hardly a fitting penalty for the enormity of what had transpired and hardly a deterrent to others. It is obvious that the Canadian Weightlifting Federation did not take a serious view of such misconduct.

Within the federation, however, various steps were suggested, such as those in the memorandum of November 16, 1983, to the federation's executive committee from Keith Nesbitt, executive director of the Canadian Weightlifting Federation:

> In view of the two recent incidents which have embarrassed the Canadian Weightlifting Federation I would like to suggest the following as two positive steps which we might pursue and if for no other reason, we will at least be appearing to be doing something to offset future similar incidents.
>
> 1. I believe we should mount an active campaign to eliminate the use of prohibited medications in all amateur sports. I do not believe this could be accomplished by any other body than the I.O.C. and not without great expense. I suggest that we recommend, and try and obtain the support of all possible sports bodies, to have the I.O.C. conduct random testing around the world on an ongoing basis, with no more than two or three weeks' notice being offered to any country. National Olympic Committees could select the athletes, or top known performers in the various sports could be identified by the I.O.C. for such testing.

> I trust that such proposal is logical because the I.O.C. has access to sufficient funding through TV rights etc., and this body has the clout to eliminate athletes who either refuse the test or test positive from future Olympic games. I realize this proposal has many loopholes such as cost, the selection of the wrong athletes, the use of substances which can mask banned medications, and the reluctance of the I.O.C. to assume responsibility, we would at least be seen to be trying to do something.
>
> 2. We have been seriously smeared by the four athletes who tried to smuggle in anabolic steroids. Comments by various athletes and officials have suggested that this practice is so common that everyone knows about it.
>
>   I suggest that we inform all members of the National Squad that we will be informing Customs and Excise of all offshore trips by our teams with dates and ports of entry of their return, and that we ask them to inspect baggage of team members and accompanying officials.

The Canadian Weightlifting Federation had not had a positive test result or suspended an athlete prior to the 1983 Pan American Games. This may have been due to the rarity of testing and the comparatively less sophisticated testing techniques. At the time, the federation did not have a policy on the importation or possession of drugs or banned substances. That was the reason given for the failure to take disciplinary action against the four athletes who had smuggled the steroids into Canada. Even without a formal policy, however, the bylaws of the Canadian Weightlifting Federation authorized the board to expel any members if their conduct was considered to be contrary to the stated purposes of the association. That power should, I think, have been exercised with respect to those athletes who had attempted to smuggle a large quantity of anabolic steroids into Canada.

Richard Campion, the former technical director of the federation, testified that the 1983 Pan American Games were a catalyst for the Canadian Weightlifting Federation together with the Sport Medicine Council of Canada to develop doping control procedures. The federation had been discussing doping controls at meetings with Sport Canada representatives for a number of years prior to 1983. In 1978, for example, the federation submitted a request for money to conduct testing at the national championships. Sport Canada was willing to permit drug testing, but required that the money come from other programs. The federation felt obliged to provide training and competition in preference to testing. At the time no other national sport organization was conducting its own testing. It was not until December 1983, after the smuggling incident, that Sport Canada instituted its antidoping policy, even though the use of anabolic steroids had long been banned in international competition.

Even in the absence of an antidoping policy, I would have expected Sport Canada to have taken a serious view of the importation of such vast amounts of anabolic steroids into Canada, to have investigated the circumstances, and to have given serious consideration whether those athletes should continue to be funded. I would have thought that such misconduct should have deprived the athletes of continued funding by Sport Canada. The funding of athletes is *ex gratia* and none of the athletes was entitled by right to funding. Apart entirely from the use of prohibited drugs by the athletes, the fact that they were using public moneys provided by Sport Canada to purchase drugs was a sufficient ground to deprive them of continued funding.

Rather than taking strong action, Sport Canada continued to card and to fund those athletes who had smuggled the drugs into Canada. On January 31, 1984, Bill Heikkila, a sport consultant with Sport Canada, confirmed this support in a letter to Mr Campion:

> This will confirm the carding status of the following athletes:

Jacques Demers	A Card	
Mario Parente	B "	
Michel Pietracupa	B "	
Terry Hadlow	B "	effective Nov. 1/83
Mario Leblanc	C "	effective Jan. 1/84

> Please note that Sport Canada's new doping policy, because of its December 14, 1983 date of introduction was not a factor in the decision to card Terry Hadlow retroactively.
>
> Application forms are required for Terry Hadlow and Mario Leblanc.
>
> Congratulations are in order to the athletes, to Andrzej Kulesza and to the Federation for the performances achieved.
>
> Best wishes for continued success.

Of the five athletes referred to in this letter, three were those guilty of importing steroids into Canada. Mr Hadlow's carding was even made retroactive to November 1, 1983. It is puzzling that Mr Heikkila found it in order to congratulate the athletes, the coach, and the federation for the performances achieved when two of the athletes had been disqualified for drug use in the Pan American Games in August 1983 and others had tried to smuggle large quantities of steroids into Canada in October 1983.

The combination of a minimal suspension of three months with the continuation of funding could only have sent mixed signals to the athletes.

Los Angeles Olympic Games, 1984

By 1984 testing prior to major games had become a regular aspect of doping control for Canadian weightlifters. Two athletes, Luc Chagnon and Terry Hadlow, failed doping tests under this predeparture testing program prior to the 1984 Olympics. Mr Hadlow was one of the athletes who had smuggled anabolic steroids into Canada in 1983.

Mr Demers, who won an Olympic silver medal in Los Angeles that year, admitted that he also had been using anabolic steroids but had stopped eighteen days before he was tested. He was not caught.

Mr Zuffellato, an assistant coach at that time, testified that he had nothing to do with the Hadlow and Chagnon positive tests but that he had observed their progress in preparation for the 1984 Olympics and found it incomprehensible that they were able to improve so quickly. Although he suspected they were using drugs, he did not ask them because he thought it was indiscreet for a coach, especially a volunteer coach, to ask an athlete if he was using something illegal.

Mr Chouinard testified that he tried on behalf of the federation to interview Mr Chagnon following his disqualification, but that Mr Chagnon was uncooperative. No effort, apparently, was made to interview Mr Hadlow. There was no inquiry to see whether these positive tests were part of a larger problem. According to the rules of the International Weightlifting Federation, Messrs Chagnon and Hadlow were suspended for two years from international competition. The Canadian Weightlifting Federation imposed a one-year suspension for domestic competition and thought that in doing so it went beyond the minimum requirements of the International Weightlifting Federation.

Hoffman Letter, 1984

The disqualification of two members of the Canadian weightlifting team selected to compete in the Los Angeles Olympics, following so closely the events of 1983, stimulated Sport Canada into action.

In a letter dated September 29, 1984, Abby Hoffman wrote to Rolf Kugelstadt, president of the Canadian Weightlifting Federation. The letter, set out below in its entirety, summarized the drug problem in weightlifting at the time from the viewpoint of Sport Canada:

> I am writing to you as President of the Canadian Weightlifting Federation to apprise you of our thoughts and concerns with respect to the issue of drug use and doping control in your sport.
>
> In sum, it is our view that this matter is now at such a state that it threatens the long-standing funding relationship between the CWF and Sport Canada.
>
> Specifically, I would like you to note the following points which underscore the concluding remarks in this letter:
>
> (1) Canadian weightlifters have been involved in three very serious incidents in the past year: the Pan American Games "positive" doping control results; the Mirabelle Airport possession-importation incident; and, the pre-Olympic "positives" and the questions which surround the administration of doping control procedures by your organization.
>
> These events have undermined the credibility of your sport, and have regrettably had the additional effect of undermining the integrity of high performance sport generally in Canada.
>
> (2) Despite the events noted above, and the fact that drug use in weightlifting has been a known fact for some time, the CWF has, in our view, shown itself to be almost totally incapable of developing and implementing a plan of action which would address and "bring to heel" what is clearly the most important and damaging issue facing the sport.
>
> (3) The seeming disregard among key people in your sport for the importance of the drug use and doping control issue has now reached untenable proportions. The alleged sloppy administration of doping control procedures by your officials at the pre-Olympic Test site, the refusal of these individuals to appear at the appeal proceeding, the failure of your executive director to initiate contact with the SMCC office after he had been apprised to the probable seriousness of

> the situation, the refusal of your organization to provide an important transcript to the SMCC's appeal committee, the blatant disregard of your athletes for the doping control procedure as exemplified in the testimony provided at the doping appeal by Messrs. Chagnon and Hadlow, and widespread allegations that members of your organization are actively complicit in counselling athletes on how to use "banned" drugs all suggest to us that there is simply no serious commitment within the Canadian Weightlifting Federation to deal with this problem.
>
> With these thoughts in mind, I wish to apprise you of the following with respect to the CWF's relationship with Sport Canada in the months to come:
>
> A. The CWF will not be considered eligible for federal funding for its operations and programs beyond March 31st 1985 unless the organization develops *and* implements a comprehensive plan for doping control in the sport.
>
> B. The funding currently provided by Sport Canada for the salaries of the Executive Director, Technical Director and National Coach will be continued on a "conditional" basis for the next four months. During this period, we expect two things to occur:
>
> (i) A review and appraisal of the activities of each of the CWF staff during the past four months with a view to determining whether actions taken (or not taken) during the "doping" incident constitute grounds for action by you;
>
> (ii) Monitoring and appraisal of each of the professional staff over the next four months against approved work plans, with a view to determining whether staff members are performing, or are capable of performing at a level which would warrant continuance.
>
> After review of these reports, Sport Canada will decide whether its salary contributions for these individuals will be maintained.

> C. The CWF is hereby directed to return to Sport Canada any monies expended on Marc Couture, who, we understand was a member of a CWF travelling team, and, who refused participation in a competition for which his expenses had been paid from public monies. We are led to believe that he declined to compete because doping control measures were in effect.
>
> D. When all of the above have been satisfactorily accomplished, Sport Canada staff will resume Quadrennial Planning activities with the CWF.
>
> You may find these points to be a strong response to a difficult issue. However, it is our view that we must make our concern known to you in an emphatic and unequivocal fashion.
>
> If it is the position of the CWF that "doping" is so endemic in the sport — nationally and internationally — such that the CWF can do little to change the status quo, then I think it is fair to advise you that we would have to give serious thought to withdrawing our funding for those aspects of your sport which involve preparation for, and participation in, high level competition.
>
> I trust you and members of your organization understand our concerns in this matter, and the need for the full energies of the CWF to be devoted to resolving this situation.
>
> We will endeavour to provide you with assistance, but I can not underscore too strongly our view that the CWF has the major obligation at the outset to commit itself in a tangible and meaningful way.

Mr Kugelstadt, on behalf of the federation, replied to Ms Hoffman:

> The CWF Executive Committee met on November 3 and 4, during which time it dealt with the issues and concerns raised in your letter. Following are the results of our deliberations as they relate to the points in your letter.

ITEM (1) CONCERNING CANADIAN WEIGHTLIFTERS INVOLVED IN SERIOUS INCIDENTS.

Athletes suspended in the 1983 Pan Am Games.
It must be pointed out that the IWF suspension applies only to international events, leaving domestic sanctions to national federations. The CWF suspended Greavette and Viau for one year from all CWF activities, a much tougher sanction than was given the American lifter, Michaels, who was allowed to compete nationally and who successfully challenged his suspension in US court.

Citing the US case, the B.C. Weightlifting Association asked the CWF to remove the national suspension for our lifters. The Executive decided to uphold the original decision.

Pre-Olympic Testing.
To begin, I would like to say that the CWF initiated the testing because we believed it to be a very worthwhile program; and it would have been, had the results been available to us when promised by Dr. Masse. Secondly, although not the author of the appeal procedure, the Executive agreed to cooperate with the appeal and expected our officials to appear at the hearing. It was unfortunate that they did not and the appeal is still in limbo.

As a consequence, the Executive suspended all four CWF members currently involved in the appeal proceedings until these have been concluded.

Terry Hadlow.
Terry, co-appellant in the appeal has been suspended for a period of five years on evidence not requiring a decision by the SMC appeal committee.

Luc Chagnon.
In Luc's case, the Executive Committee thought it imprudent to make a decision until the appeal has been concluded.

ITEM (2), THE ALLEGED INCAPABILITY OF "BRINGING TO HEEL" THE DRUG PROBLEM IN WEIGHTLIFTING.

It was because of the fact that "drug use in weightlifting has been a known fact for some time" that the CWF, in 1978 and again in 1979, attempted to get special funding to test our athletes at national championships. The CWF executive at that time felt that the problem was getting out of hand, an opinion obviously not shared by others, including Sport Canada, since we were told that no special funds were set aside for drug testing and that, if we wanted to test, the funds would have to be diverted from other programs. This proposal would have been extremely difficult to sell a federation which had trouble funding its existing programs and was still wincing from the effects of mismanaging FAS funds by the previous administration and having to repay thousands of dollars in misappropriated funds.

It was not until the Pan Am Games, and the weightlifting suspensions, that everyone suddenly jumped on the anti-doping bandwagon. I remember reading in *Champion* about the drug problem and the opinions of various people on the issue. I suppose that the CWF could be faulted for not recognizing that there was a "change of wind in the air" and for not getting on the bandwagon fast enough.

ITEM (3), CONCERNING THE ALLEGED "SLOPPY ADMINISTRATION OF DOPING CONTROL PROCEDURES BY (OUR) OFFICIALS."

I believe that your own choice of the word *alleged* answers this charge until such time that the SMC appeal committee hears both sides of the story and separates facts from fiction.

Refusal to provide transcript.
Our stand on this issue has not changed. We believe that the transcript is totally irrelevant to the appeal and cannot understand why Mr. Gledhill would insist on it when in his letter to Don Buchanan (Sept. 11, 1984) he states that "the appeal scheduled for the 20th September 1984 will be limited to discussion on the sample taking procedures undertaken on 16 July 1984." Insistence on getting the transcript only begs the question whether the appeal committee is attempting to get to the truth of what happened at the Robillard Centre or is on a witchhunt.

ITEM (3[sic]), ALLEGATIONS THAT MEMBERS OF THE CWF ARE "ACTIVELY COMPLICIT IN COUNSELLING ATHLETES ON HOW TO USE 'BANNED' DRUGS."

As a preamble I should state that the problem with allegations is that there are no *facts*. This one suffers from that weakness; and, therefore, the Executive had problems dealing with it. We are not aware of this happening, openly or clandestinely, and cannot offer any solution.

ITEM A.
Most of the plan for doping controls has been developed by the Technical Congress at its last meeting and the Executive Committee has approved it and has begun some of the implementation. Details will be submitted to you either directly or through Mr. Heikkila.

ITEM B (i).
At the Executive meeting we reviewed and appraised the activities of our Executive Director, Technical Director, and National Coach, regarding their activities during the four months period, as requested by you. In addition to the face-to-face proceedings, we asked each staff member to submit a written statement, dealing with the doping incidents and their stand on the doping issues. These are included with this letter.

The result of this review leaves no doubt in our minds that our staff acted properly and prudently in every case, and that, if any blame can be laid, it would have to be directed towards the officers, including myself, for not acting swiftly and mercilessly enough in some cases.

ITEM B (ii).
We have formed a committee which includes Mr. Bill Heikkila, Mr. Jeff Rohne and myself to set up appraisal policies and procedures which conform to Sport Canada standards. This committee is meeting in Winnipeg on November 25. It is my intention to have an appraisal policy and procedure in place by January 1985.

ITEM C.
Your information regarding the Marc Couture incident is erroneous. Marc did not refuse to compete but was advised by our National Coach not to compete in order to avoid a probable positive test result and subsequent bad publicity for the Canadian team. According to the written report by the coach, Marc had admitted having had an injection of a banned drug, administered by his family physician.

As a result of our investigation of this event, the Executive has suspended Marc Couture for a period of one year. However, since he was advised by our National Coach to withdraw from competition, we did not request the return of any funds.

We are hoping that our actions thus far comply with the demands made in your letter and that the CWF can resume its participation in the Quadrennial Planning activities, soon.

As president, I hope that in the future Sport Canada and the CWF can work out any problems in a cooperative way. As I told you at our meeting, I do not like to resolve issues by having a gun held to my head. I rejoined the CWF as an active and properly elected member of the executive because I felt that I could bring about some necessary and positive changes in the federation. I am willing to work hard and face many obstacles but I am not willing, in the future, to have my intelligence insulted, nor work in clandestine operations.

Positive Test Results, 1985

In 1985 five Canadian weightlifters had positive tests for anabolic steroids. They were Robert Choquette, Yvan Darsigny, Michel Pietracupa, Guillaume Salvas, and Michel Viau. Mr Viau had previously been disqualified in the 1983 Pan American Games and Mr Pietracupa was one of those who had been detained for attempting to smuggle anabolic steroids into Canada in the same year.

Positive Test Results, 1986

In 1986 Mr Parente, who was also one of those implicated in connection with the smuggling, had tested positive for anabolic steroids. In the same year, Glen Dodds and Jacques Demers, who had been selected to represent Canada in the Commonwealth Games to be held in Scotland in that year, were detected in a predeparture test taken in Winnipeg to have been using anabolic steroids. They subsequently won their appeals, but only on technical grounds.

Lotto 6/49 Random Testing Program

Mr Chouinard testified that in 1985, although the federation already had in-competition testing and predeparture testing for international competition, they began discussing random out-of-competition testing. He said he proposed a frequent and random testing system using the 6/49 lottery as an equitable means of selecting those to be tested. He explained that, at the time, no other country had a practical means of random testing. The Lotto 6/49 system was not implemented, however, until February or March 1987.

Mr Demers described how the 6/49 system worked. Each athlete was given a number from one to forty-nine. He himself had two numbers, one national and one provincial. If the athlete's number was drawn in the lottery, he had to be tested. Because of the possibility of a random test, Mr Demers did not take steroids before the 1987 Czechoslovakia world championship.

Similarly Mr Greavette acknowledged that the system was a deterrent, though it was flawed. He said it took in some cases up to four weeks after the number was drawn for the athlete to be tested. There was also a discrepancy between the Wednesday and the Saturday lottery draws.

Because no official was in the office on Sunday, no letter was sent on that day to notify the athlete after the Saturday lottery draw.

Like the others, Mr Garon viewed the 6/49 system as frustrating. In his view, it was frustrating not to be allowed to take drugs given his belief that athletes in Eastern Bloc countries used them.

Mr Ranger, the federation's general manager, gave evidence about the difficulties of random testing. He outlined the time needed to learn how to reduce delays, to make sure testing kits were available, and to train doping control officers. In spite of these problems, it is a noteworthy achievement that in 1987, the year the 6/49 system was introduced, no Canadian weightlifters had positive tests. The effectiveness of the 6/49 program could be avoided, however, if the athletes were permitted to leave the country and train elsewhere.

The National Coach, Andrzej Kulesza

I will now review these events, focusing on the role played by the national coach, Andrzej Kulesza.

The Canadian Weightlifting Federation hired Mr Kulesza as its first national coach in September 1983. A former Polish national weightlifting champion, he had received a doctorate in sport science from the University of Physical Education in Warsaw and had coached the Polish junior national team and the Argentinian national team. He is an articulate man and his credentials were such as to make it appear that he was highly qualified to assume his new post.

Moscow, October 1983

In October 1983, on their return to Montreal from Moscow, four members of the Canadian weightlifting team were detained at Customs and found in possession of a large quantity of anabolic steroids. Although Mr Kulesza was the only representative of the Canadian Weightlifting Federation accompanying the athletes, he did not wait for them or make any inquiries about their delay but quickly left for home. Mr Demers testified that he had told Mr Kulesza he was bringing drugs back to Canada. Mr Kulesza denied any knowledge of the importation of the steroids and testified that he first learned about it in the newspapers. I think his failure to inquire into the reason for the athletes' delay is only consistent with his having knowledge of why they were being held up at Customs. I accept Mr Demers's evidence that Mr Kulesza was advised in advance of the proposed smuggling of these drugs into Canada.

Indeed, throughout his testimony, Mr Kulesza distanced himself even from the knowledge a coach would be expected to have about drug use. He testified that he was shocked by the positive tests of his athletes. He presented a public opposition to drugs and spoke of his own fight against them. His private behaviour, however, was quite different.

Winnipeg, July 1986

In July 1986 members of the national weightlifting team were to be tested prior to their departure for the Commonwealth Games in Edinburgh, Scotland. They and their coaches, Messrs Kulesza and Zuffellato, had a meeting at the pregames training camp in Winnipeg. Mr Kulesza asked the athletes to write on a piece of paper the names of drugs they had been taking. There was some conflict in the evidence about the detail Mr Kulesza had requested. He testified that he asked them to list what they had been taking in the last two months but not to write their names. Some of his athletes testified to the contrary.

According to Mr Demers, Mr Kulesza asked the athletes to write down the initials of the drugs they had been taking, such as W for the anabolic steroid Winstrol. They were also to write when they stopped taking each drug and to sign their names. Mr Demers believed that the lists were to allow the coaches to see whether the athletes would be able to pass the doping test.

Mr Bolduc also testified that he was asked to write the names of the drugs he had been taking and when he had stopped taking them. He listed the names of several injectable anabolic steroids and when he was last injected. He believed that in this way the coach would know whether he could pass the test. Mr Bolduc explained that, after submitting his list, Mr Kulesza spoke to him and told him that it was too dangerous to take the test. Because Mr Bolduc wanted to go to the Commonwealth Games he told Mr Kulesza that he had lied in what he had put down on the paper he had submitted to Mr Kulesza and that he had taken fewer drugs and at times other than he had first reported.

Messrs Garon and Greavette stated that although Mr Kulesza had asked them to submit a list disclosing their steroid use, neither of them had handed in a list since they claimed at that time they were not on steroids. Louis Payer, a former national team member who failed to qualify for the Olympics in Seoul, acknowledged that he had submitted a list in which he clearly identified himself and admitted having taken steroids but stated that it was because of an injury.

Mr Kulesza's evidence was that half of the team was using steroids. Indeed, he said, "several athletes gave records which looked terrible." He denied that the athletes had signed their names and denied speaking to Mr Bolduc. He testified, however, that one of the athletes who failed to pass the test later apologized to him for not writing everything on the list. According to Mr Kulesza, he asked for the lists merely to record what the drug "situation" was in Canada at the time. Without the names of the athletes being included in the requested information, however, the exercise would have been meaningless.

I accept the evidence of Messrs Bolduc and Demers that the purpose of requesting the athletes to list the drugs they were taking, and the last time they had taken them, was only to determine which athletes were on a steroid program and whether they should undertake the test.

The information supplied to the coach clearly disclosed the widespread use of anabolic steroids by his team, yet no action was taken to disqualify the athletes on the basis of their own admissions. By this time it was a condition for the funding of carded athletes that they agree not to be in possession of or use anabolic steroids. It was the coach's duty to enforce the provisions of that contract, but he ignored it throughout. For him, the only basis for disqualification was a positive test.

It is noteworthy that in Mr Kulesza's annual report following the events in Winnipeg, he did not disclose the information which, even on his own testimony, revealed the extent of use of anabolic steroids by the national team. Mr Chouinard did not attend the 1986 Winnipeg training camp and had not spoken to Mr Kulesza about the two positive test results. Those results, however, were discussed by the executive committee. Mr Chouinard was not aware until he heard Mr Kulesza's testimony that the athletes had been asked to write a list of the drugs they had been taking.

Czechoslovakian Training Camps

In 1985 and 1986 the Canadian Weightlifting Federation considered a program of out-of-competition testing. Eventually, in February or March 1987, the Lotto 6/49 procedure was implemented.

In 1986 Mr Kulesza began making plans to send the athletes to train in Czechoslovakia and, in June 1987, shortly after the out-of-competition testing program began, the first group left for training. According to Mr Kulesza, the facilities in Czechoslovakia were probably the best in the world. That country was also attractive because, although the air fares of the athletes would be paid by the Canadian Weightlifting Federation, their living expenses while they were in Czechoslovakia would be absorbed by the Czechoslovakian Weightlifting Federation.

June–July 1987 In June 1987, prior to attending the first training camp in Czechoslovakia, the Canadian weightlifting team participated in a competition in Austria. Following the competition, four members of the team, David Bolduc, Gilles Desmarais, Denis Garon, and Louis Payer, were selected to go to Czechoslovakia for training.

In Austria, Mr Payer attended a meeting with the other Canadian athletes at which time Mr Kulesza reminded them of Sport Canada's antidoping policy and told them not to take drugs. After the meeting, however, Mr Kulesza called him aside. He gave Mr Payer some papers to take to Czechoslovakia along with some small gifts to distribute, as team representative, on behalf of the Canadian Weightlifting Federation. Mr Payer testified that during this discussion with Mr Kulesza he was advised that there was a coach named Émile at the Czechoslovakian training camp and that arrangements had been made with Émile to provide the athletes with anabolic steroids, masking pills, and urine tests while they were in Czechoslovakia. When they arrived at the training camp in Czechoslovakia, Mr Payer and the other three athletes did meet with Émile. Each member of the Canadian team paid Émile U.S.$50, for which they were supplied with anabolic steroids in small envelopes marked with dates for consumption.

Mr Bolduc also testified that while he was in Czechoslovakia he received an envelope each day containing anabolic steroids as well as vitamins and minerals. He and the other team members were also supplied with pills which were described as masking drugs and advised when to take them. Mr Bolduc brought the masking drugs back to Canada with him and used them to pass a test in July 1987 before the Pan American Games in Indianapolis. Both Messrs Bolduc and Payer explained that their urine was tested in Czechoslovakia before they returned to Canada. Mr Garon admitted he was offered steroids by Émile, but claimed he refused the drugs at this training camp.

Mr Kulesza denied meeting with Mr Payer privately before the athletes left for Czechoslovakia. He said Mr Payer fabricated the story and was accusing the coach because of his own failure to make the team before the Olympics. I accept Mr Payer's evidence that the conversation with Mr Kulesza took place in the manner stated by him, and I do not believe that he made up this story out of whole cloth.

After the weightlifters returned to Montreal from Czechoslovakia, Pierre Roy described their improved performance as extraordinary. In his opinion as coach, so great an improvement in performance in such a short period of time would not have been possible without the use of anabolic steroids.

The athletes agreed that the drugs increased their endurance, allowed them to train longer, and hastened their recuperation at the same time that they increased their muscle bulk and their ability to lift weights. These benefits, however, came at a cost to the athletes. Over the years they suffered many adverse effects, including difficulty in sleeping, loss of patience, a distinct aggressiveness, injuries, high blood pressure, nose bleeds, acne, irritability, water retention, liver damage, and loss of flexibility.

In contradistinction, Mr Kulesza testified that on their return to Canada from Czechoslovakia the athletes performed not above but below their normal level. In 1988, nevertheless, he sent his athletes to two more training camps in Czechoslovakia.

I accept the evidence of Mr Roy and I do not think that Mr Kulesza would have sent the athletes twice more to Czechoslovakia if the first trip had been the failure he described.

February–March 1988 Messrs Bolduc, Côté, Demers, Garon, and Payer attended a second training camp in Czechoslovakia in February and March 1988. From the experience of the previous camp, they knew they could buy anabolic steroids from Émile. Mr Garon testified that he accepted Émile's proposition this time and took steroids. He also returned to Canada with what he described as masking pills, some of which he turned over to Commission investigators. Mr Payer repeated his experience of the first trip, in that he used the anabolic steroids and the masking drug and took a urine test. Mr Demers described how he stopped taking steroids ten days before his urine test in Czechoslovakia. He also took the masking drug. He was advised that he still had a small amount of anabolic steroids in his urine but that it would be cleared in a few days.

Mr Bolduc was advised just before he left Czechoslovakia for Montreal that he would be subjected to random testing based on the 6/49 lottery immediately on his return to Canada. He then stopped taking steroids and resorted to the masking drug. Like Mr Demers, he was tested in Czechoslovakia before his departure for Montreal and was also told that, although a small trace of steroids had been detected in his urine, he could safely be tested on his return. The day after Mr Bolduc returned from Czechoslovakia, he was asked to take the drug test. He was still afraid to do so and, rather than reporting to the doping control station, he went home and continued to take his masking drug pills. He testified that he told Mr Kulesza of his problem and that Mr Kulesza phoned Émile in Czechoslovakia and was advised that he would be clear in two days. Several days later he was tested, with negative results.

Mr Kulesza denied that he was helping Mr Bolduc avoid the test. However, he admitted calling Émile at Mr Bolduc's request, but said he did not manage to reach him. When asked why he called Czechoslovakia, Mr Kulesza replied, "I could suspect that something happened in the sense of drugs over there." There can be no doubt that Mr Kulesza did in fact help Mr Bolduc delay taking the test.

Pierre Roy did not attend the training camps in Czechoslovakia but became suspicious of the athletes' improved performances. Only after the second training camp did he tell Mr Kulesza he thought the athletes were taking anabolic steroids in Czechoslovakia. According to Mr Roy, Mr Kulesza replied that they were not taking steroids. Mr Roy therefore kept quiet because he wanted to keep his job. However, he said everyone knew something abnormal was going on in Czechoslovakia and that it had become a joke within the federation. He said the least competent coach was capable of understanding the difference between a normal and an abnormal increase in performance.

Once again, Mr Kulesza claimed that a witness was lying and he denied that Mr Roy had expressed any concern about the unusually improved performance. For his part, Mr Kulesza had noticed that Mr Bolduc was "in quite good shape," but attributed this fact to proper training and nutrition in Czechoslovakia.

I regret that once again I must reject Mr Kulesza's evidence and conclude that Mr Bolduc and Mr Roy were testifying as to the truth of their conversations with him.

July–August 1988 Six of the seven members of the Canadian weightlifting team selected to compete at the Olympic Games in Seoul attended the third Czechoslovakian training camp in July 1988: Messrs Bolduc, Côté, Demers, Garon, Gill, and Greavette. On this occasion they were accompanied by Canadian coaches, Mr Kulesza for the first part of the camp and Mr Zuffellato for the second.

All the athletes, except Mr Côté and Mr Greavette, admitted that they again purchased anabolic steroids while they were in Czechoslovakia. Although Mr Greavette shared a room with Mr Demers for the first half of the training camp, he denied knowing about the use of steroids by other athletes, even though Mr Demers received an envelope of steroids from Émile every day.

Mr Demers did not feel well while he was at the camp. Having had a previous experience with hepatitis, he was concerned about his liver. He testified that he went to a hospital in Czechoslovakia for a blood test and there told Mr Kulesza that he had been taking anabolic steroids. Mr Kulesza told him to stop taking them.

Mr Zuffellato attended the last two weeks of the Czechoslovakian training camp at Mr Kulesza's request. Mr Zuffellato had suspicions about steroid consumption in Czechoslovakia, but he could not confirm them.

Mr Kulesza admitted that Mr Demers had told him at the hospital that he was taking drugs. He did not ask Mr Demers where he got his drugs and it did not cross his mind that Émile could have provided them. Mr Kulesza's evidence was that Mr Demers could have been bringing drugs from Canada to Czechoslovakia. According to Mr Kulesza, Mr Demers's admission was not actual evidence of drug use unless it was accompanied by a positive urine test. Mr Kulesza confirmed Mr Zuffellato's testimony that he called him in Czechoslovakia and told him to warn the athletes not to bring steroids back to Canada. It was thus quite evident on Mr Kulesza's own evidence that he knew the athletes were obtaining steroids while they were training in Czechoslovakia. Indeed, according to Mr Kulesza, in August 1988 he told the then president of the federation, Donald Buchanan, about the use of drugs at the Czechoslovakian camp.

Mr Chouinard did not receive any reports from athletes or coaches about the steroid problem in Czechoslovakia.

Vancouver, September 1988

Except for the participation of Mr Kulesza, I earlier detailed the events which occurred in Vancouver when four members of Canada's Olympic weightlifting team were advised that further tests were required before their departure for Seoul because the results of the tests taken in Montreal were unsatisfactory. There is considerable conflicting evidence about Mr Kulesza's participation at the meeting held in his hotel room when strategies to avoid detection were discussed.

The conflict principally related to the amount of time that Mr Kulesza spent in the room on that occasion. It was apparent, however, that he was there for a long enough period to know what the problem was and how the athletes had determined to resolve it. It was also apparent that the reason for the panic displayed by Messrs Bolduc, Demers, and Gill was that they could not successfully pass the test the next day because they had consumed anabolic steroids. This had to be obvious to Mr Kulesza. He was also present when it was proposed that the athletes resort to catheter procedures to substitute other urine for their own.

Mr Demers and Mr Bolduc testified that during the discussions Mr Kulesza phoned a doctor in Vancouver in their presence. Mr Kulesza denied doing so. He admitted, however, that he did call a doctor, but claimed it was when he was out of the room after having left the meeting. His explanation for calling a doctor was that it related to a back problem for Mr Côté. He stated that he could not get the doctor on the telephone and did not follow it up.

I do not accept this explanation. The only inference I can draw is that Mr Kulesza thought it advisable to discuss the catheter procedure with a medical practitioner and that was the purpose of the call.

It does appear that when a decision had been made to resort to a catheter to avoid detection, Mr Kulesza left the room. Although the borrowed urine was in a cooler in his room, he claimed that he did not know it was there.

If he did not encourage the use of the catheter, he certainly took no steps to stop it, as was his duty to do at that time. It was apparent that Messrs Bolduc, Demers, and Gill had admitted in his presence their use of anabolic steroids, and he should have informed the Canadian Weightlifting Federation and had them disqualified on the spot, rather than allowing the testing to take place the next day.

Post-Seoul: Montreal, 1988

On his return to Montreal from South Korea, Mr Chouinard, who was then interim president of the Canadian weightlifting team, was charged with the task of making an internal inquiry into what had caused the disgrace to Canada's Olympic weightlifting team. His inquiry, however, seemed to be confined to a consideration of allegations that Mr Kulesza had known about and arranged the provision of anabolic steroids for the weightlifters while they trained in Czechoslovakia. Mr Chouinard found no evidence of wrongdoing by Mr Kulesza. He was confirmed as national head coach and his contract was extended.

A more formal inquiry which the federation intended to make was not completed at the time that Mr Chouinard testified before the Commission.

It is noteworthy that on November 16, 1988, Mr Kulesza wrote to the federation's board of directors and its executive committee suggesting, among other things, "[w]e can organize intensive and attractive training programs (training camps in Winnipeg, Curacao, Czechoslovakia . . .)." It is apparent that Mr Kulesza had not learned any lessons from what had transpired in the past.

Mr Zuffellato, on his return from Seoul and following the investigation by Mr Chouinard, wrote him a bitter letter in which, in a rather dramatic way, he summarized the reasons for the downfall of Canada's Olympic weightlifting team. The letter reads in part:

> I can no longer endure the accusations that are hanging over the sport I have held dear for so many years. For thirty-eight years I have tried to instil love for this sport in the young people I work with and never before have I experienced so much bitterness. It seems that the only way to apply policies and set things in order is through the media; I therefore feel obliged to use the same method.
>
> I intend, in the few paragraphs that follow, to clarify a number of points and provide some food for thought.
>
> Let's start with you, Mr. Chouinard: Are you happy with your inquiry? Have you uncovered THE TRUTH? Or have you merely found one or more scapegoats, with a view to protecting your image and that of the Canadian Federation so that both of you can go on receiving subsidies from SPORT CANADA?
>
> The day you came to see me in your uniform, I knew that it was not the team manager, much less a friend, coming to visit. You brought me a bag of souvenirs from Seoul, even though you knew full well that none of it meant anything to me, since my only memories of those games are very negative ones. You sat in my living room and badgered me with questions, even though you knew that I had been kept out of everything that was cooked up in Czechoslovakia, and was not even there for the first four weeks of the training camp.

The ones who are truly responsible for this affair are easily identified. They are:

1 — THE CANADIAN FEDERATION, *its* EXECUTIVE COMMITTEE *and its* TECHNICAL COMMITTEE.

— HOW:
By paying for and organizing a training camp in CZECHOSLOVAKIA, *instead of having the camp in* WINNIPEG, *as in the past, or in* DOLBEAU, *as had been proposed.*

— WHY:
You put those young people into a situation where they would be sorely tempted, just as if you had locked an alcoholic up in a bar. Everyone was well aware of the "controlled methods" of training used by the East Bloc athletes and knew that our young athletes, who were so eager to perform well, would be fascinated by their success.

— WHAT WAS THE EXPECTED OUTCOME?
This is where the problem arises. They (the athletes) got caught. Someone has to take the blame. But what you were hoping for — you who are truly responsible — was something completely different. The goal was to achieve the good performances expected by the organizers, who had begun by raising the minimum standards.

2 — THE TEAM MANAGER
A responsible team manager would have appeared at the start of the training camp, so that he could have exercised some authority regarding the training methods offered to the Canadian team members and monitored their activities.

When I arrived at the training camp, four weeks after the national coach and the athletes had left Canada, I had to restore order within the team since the athletes had started squabbling. For the fifteen days I was at the camp, I was kept very busy correcting the misbehaviour of certain athletes. I had to take responsibility for putting a stop to unacceptable conduct on the part of Jacques Demers who, among others, became extremely drunk and kept everyone on the floor awake for a whole night. The day before we

> > left, on orders received by telephone from the national coach, I had to hold a meeting to warn everyone not to bring any illegal products back to Canada.
>
> All this was the responsibility of the team manager, was it not?
>
> If it is true that the CANADIAN WEIGHTLIFTING FEDERATION really wants to implement an anti-doping policy, the people in charge will have to carefully avoid situations that might backfire, such as:
>
> — Setting standards that are overly high for athletes who do not use chemicals;
>
> — Holding training camps far from Canada and the centres of control;
>
> — Sending athletes to countries where banned substances are sold freely.
>
> If all these precautions are taken, the assistant coach who replaces me (since I want nothing more to do with your organization) will probably not be placed in the position of having to figure out what has happened when an athlete comes to him in tears, asking for help.
>
> I have devoted thousands of hours of my spare time to training young athletes and I have done so voluntarily. The petty political manoeuvres intended to save jobs and funding are not my area; all that matters to me is the support, both moral and otherwise, I can give to the young people, who also devote a great deal of time to this sport. In 1988, however, I realized that the national and international levels no longer hold any interest for me.
>
> A WORD TO THE WISE!" [Translation; italic emphasis added]

Later in the report I will return to the latest efforts of the Canadian Weightlifting Federation to address the doping problem with such measures as a new out-of-competition testing program.

6

The Canadian Track and Field Association

The Canadian Track and Field Association (CTFA) is the national sport organization which governs track and field in Canada. The disqualification of Mr Johnson and the revelations during the Inquiry of the extensive use of drugs by members of the CTFA should have come as no surprise to its officials. As was the case with the Canadian Weightlifting Federation and the use of drugs by its members, significant information warning CTFA officials of the danger ahead had come to their attention, yet no effective steps were taken to investigate those clear warning signals.

WARNING SIGNALS

1970–80

In the 1970s and early 1980s CTFA officials appeared to think of doping as a problem occurring only in other countries. During this period, rumours and gossip abounded concerning use of steroids by international athletes. At the 1976 Olympic Games in Montreal, Canadian officials and athletes became aware that international athletes were attempting to avoid detection in the extensive in-competition testing at the games. Some athletes were apparently under the misapprehension that they could be tested as soon as they arrived in the Olympic village, and a number of them stayed outside the village and came in only to compete.

Apart from rumour, Canadian athletes and officials were provided with information on performance-enhancing drugs through articles in *Athletics*, a national track and field magazine published nine times a year in Canada. After 1976, drug use in sport became a constant theme in *Athletics* and its predecessor, *Ontario Athletics*. The magazine is subscribed to and read by people in track and field across Canada, including athletes and officials in provincial and national track and field associations and at Sport Canada. Many of the articles and columns were written by Cecil Smith, executive director of the Ontario Track and Field Association (OTFA).

As early as 1977 Mr Smith reported on positive tests among international track and field athletes at a variety of meets and warned of the extent of use of banned substances in the sport:

> One thing is for sure, if ever there is a major crackdown and tests carried out not only at the International level, but also at domestic level, many athletes who are now saying, "No, I am not on the 'Bomb' (steroids)" would be detected as having used the drug to improve performance. Is it worth it to be exposed as a cheat?[1]

In the late 1970s Mr Smith began to write about the testing process. At that time in North America, only major championships were tested meets. In 1979 he called for testing at all domestic track and field meets in Canada. At the same time he remained sceptical of the deterrent effect of in-competition testing:

> Although testing for illicit use is in force at major competitions, the athletes and the coaches know exactly when to stop consumption so as not to be detected. Those that are "caught" in testing situations have probably slipped-up in their calculations.[2]

Notwithstanding the information available in the 1970s, doping was not a major concern of Canadian sport officials. Perhaps this was because, prior to 1982, there had been only two positive test results of Canadian athletes for doping infractions.[3]

1981

In the early 1980s specific facts about the use of banned substances by Canadian athletes began to surface. The first events that gained a reputation for drug use were the field events.

Information about steroid use by throwers was known to CTFA officials as early as 1981. Donald Fletcher, director general of the CTFA from 1981 until 1985, testified that he became aware of these rumours shortly after he assumed his position but that he took no particular steps to investigate them.

Larry Eldridge, then president of the CTFA, learned first hand about steroid use by throwers when he attended the World Cup trials in Ciudad Bolivar, Venezuela, in 1981. He became aware that the throwers had attempted to purchase steroids. Rob Gray and other throwers on the Canadian national team had gone to various pharmacies in the Venezuelan town, where steroids were available over the counter. Mr Gray testified that Mr Eldridge later remonstrated with them about their attempted purchases, saying they were giving Canada a bad image. Mr Eldridge recalled the incident somewhat differently. He testified that he was made aware that some athletes had been trying to purchase anabolic steroids in Miami on their way to Venezuela. He had planned to discuss this issue with the athletes later, but was not able to do so. He did speak to the throwers in Venezuela, but the conversation related to noise and disruption, not drug use. Even on the basis of his own version, then, Mr Eldridge was aware that the throwers were using anabolic steroids. When he returned to Canada, he wrote a report to the CTFA referring to this incident and advising the CTFA to proceed quickly with controls for testing of athletes.

1982

The complacency of Canadian sport officials was reinforced by the results of a 1982 survey on doping in amateur sport carried out by the Sport Medicine Council of Canada. Fewer than 5 percent of athletes surveyed admitted present or past use of banned substances, particularly steroids. The authors of that survey made it clear, however, that the validity of the findings were "severely limited due to the fact that a large portion of the sample chose not to respond, and there was a particularly poor response from athletes and coaches in sports in which one might expect a higher usage of performance enhancing drugs."

In the early 1980s rumours that banned substances were being used by athletes other than throwers were beginning to spread. In March 1982 Mr Fletcher had discussions with Charlie Francis about the use of banned substances. Although he had not heard any rumours about Mr Francis's athletes using drugs, he asked, in light of the Alexis Paul-MacDonald positive test in 1981, whether

Mr Francis could guarantee that there would be no problem with his other athletes. As Mr Francis explained at the Inquiry:

> I phrased my answer very carefully. I said, "I am not going to guarantee you that other athletes in my group will not be using anabolic steroids in the near future."

The answer could not have provided Mr Fletcher with much comfort.

In the same conversation, Mr Francis asked Mr Fletcher if two upcoming meets in Yugoslavia and Italy were going to be tested meets. Mr Fletcher later obtained the information that the meets would not be tested and advised Mr Francis accordingly. Mr Fletcher, quite naïvely, did not attach any particular importance to this request, understanding that it was part of a broader discussion about arrangements for the meet. For Mr Francis, however, the information that there would be no testing at these meets was very important and helpful to him.

In September 1982 the Eight Nations meet was held in Tokyo. Bishop Dolegiewicz, one of the Canadian throwers, had understood the meet would not be tested and had continued to take steroids up to the time of the meet itself. When he arrived and found out it was a tested meet he was concerned he would be unable to pass the test. He spoke to Mr Francis about this problem. Mr Francis stated that he, national coach Gerard Mach, throws coach Jean-Paul Baert, and Don Fletcher met to discuss how they should handle the matter. It was decided finally that Mr Dolegiewicz would be given a medical certificate for an existing shoulder injury to enable him to withdraw from the competition. Although the word "steroids" was not used in the discussion, in Mr Francis's view it was clear to those present that Mr Dolegiewicz's problem was his inability to pass a drug test. Mr Fletcher denied being present at such a meeting and said he had been informed by Mr Mach that Mr Dolegiewicz could not compete because of injury. He also said Mr Baert was not there either. Mr Dolegiewicz did have a shoulder injury and the certificate to that effect was valid. However, his concern about passing the test was one of the factors that resulted in his not competing.

1983

The 1983 Pan American Games represented a clear signal to Canadian sport officials that doping was a problem in Canada as well as internationally.

The ninth Pan American Games were held in Caracas, Venezuela, in August 1983. Doping controls were stricter and more sophisticated than ever before. When athletes became aware of the new controls, many left for home without competing. The games produced nineteen positive tests, mostly in weightlifting. Two of those testing positive were Canadian weightlifters.

The effect of these games was to bring home to sports officials that doping was a problem not just confined to throwers or weightlifters but one that was more widespread than previously thought. Cecil Smith dubbed these games the "Pharmaceutical Games" and predicted that Caracas would be as infamous to sport as Watergate was to politics.[4]

At the final press conference of the Pan American Games, Sport Canada issued a press release setting out the Canadian government's opposition to the use of drugs in sport and its willingness to cooperate with the national sport federations in introducing doping control measures. Sport Canada proposed testing both in and outside of competition:

> Although the technological advances exemplified by the testing equipment in use at the Pan American Games in Caracas have not yet been fully disclosed, Sport Canada welcomes the advent of drug testing equipment that would permit regular testing of all top athletes *during both competitive and training periods* for the ultimate objective of eradicating the use of steroids, testosterone and related substances.[5] [Emphasis added]

This was followed by Sport Canada's doping control policy of December 1983, to which I have previously referred.

While the results of the 1983 Pan American Games made it clear that doping was a problem among elite international athletes, other information was coming to the fore showing that the problem was also widespread among the general athlete population.

Athletics magazine devoted much of its November/December 1983 issue to the Pan American Games and drug issues. In an article entitled "Drugs in Athletics," Dr Norman Gledhill described the extent of the doping problem as "not just limited to world class amateur and professional athletes, even high school and recreational competitors are reported to be involved."

He commented on the limited testing that was being done — only at major competitions — and pointed out the ineffectiveness of testing, given the increasing sophistication and ability of athletes and coaches to "beat the tests." Anabolic steroids came in for special mention:

> Anabolic steroids were one of the earliest drugs to be banned. However, it became known that if you stopped taking steroids four weeks prior to the doping control test, they were not detected, and this period could be reduced to three and possibly even two weeks with the effective use of diuretics. Some athletes simply switched to testosterone during the intervening weeks to maintain the effect of the steroids and this led to the banning of testosterone. However, it is rumoured that the latter ban has simply forced these athletes to begin using growth hormone or somatotropin instead.

Dr Gledhill recommended that effective doping programs be initiated worldwide:

> [A]ll countries must support the controls by instituting their own deterrent programs which ensure that their athletes *perform and train* at all times without assistance from doping agents. [Emphasis added]

After the 1983 Pan American Games, officials at Sport Canada reviewed all sports to identify those with a doping problem. They selected track and field and weightlifting as the most likely. However, throughout the 1980s, sports officials concentrated their antidoping efforts primarily on weightlifting, presumably because of the number of positive tests in that sport. Track athletes received little attention.

1984–85

In 1984 rumours about drug use by Canadian throwers once again came to the attention of CTFA officials, this time through Dr Douglas Clement, physician to the Canadian national track and field team. He singled out two prominent throwers as likely drug users. These two athletes had qualified for the 1984 Canadian Olympic team, and Dr Clement advised Mr Fletcher that they had not been tested at the Canadian national championships that year. Based on this information, Mr Fletcher decided that both athletes would be tested before they left to compete at the Olympics. As he testified at the Inquiry:

> My position . . . at that time, was that these two athletes should not be on the team until the testing had occurred, until we were assured they had undergone the procedures that we had put in place before.

One athlete was tested in Vancouver at the staging camp but arrangements could not be made to test the other there. Mr Fletcher then arranged for him to be flown back to Canada from California, where the Canadian team was doing its final training. He tested negative and was sent back to California.

By 1984 Cecil Smith was sufficiently concerned about the extent of doping in track and field to begin communicating directly with federal government sport officials about this problem. He was embarrassed by what had happened at the 1983 Pan American Games and by the previous positive tests of Canadian athletes. It was becoming clear to him that doping was a problem in track and field:

> [W]hat shaped up in Caracas was just compounding the problem, I felt, and that by now, surely we have to take our heads out of the sand and recognize that we may have a problem in our sport.

On December 20, 1984, Mr Smith wrote directly to the Honourable Otto Jelinek, then minister of fitness and amateur sport. He wished Mr Jelinek to understand that the carding standards developed by Sport Canada were contaminated since they were based on results sometimes obtained with performance-enhancing drugs. In his February 20, 1985, reply, Mr Jelinek did not respond directly to Mr Smith's suggestions about the carding system but outlined the steps taken up to that time by the federal government to fulfil its antidoping policy.

Mr Smith's reply of March 6, 1985, referred in more detail to his view that using world rankings as a basis for carding criteria permitted contaminated performances to affect those criteria:

> When world rankings are utilized to determine carding criteria, the single best performance usually contained in this ranking is one which was achieved at some obscure competition, or at a competition where the athletes know that no testing is being carried out. The athletes will use this period on their buildup . . . and then adjust to get ready for the championship testing. So I repeat, what is the value of championship testing?

Competitors in track and field were well aware by this time that performances in major tested meets were often not as good as performances in previous meets where there was no testing.[6]

On April 16, 1985, Mr Smith again wrote to the minister. He proposed a specific outline for a carding procedure that would rely only on performances at major championships which have in-competition drug testing. Because eligibility for carding and the standards to be used were determined jointly by Sport Canada and the sport federations, the minister replied to Mr Smith's letter with a suggestion that he first submit his carding proposal to the CTFA.

Between 1983 and 1985 there was only one positive test of a Canadian athlete in track and field — and that athlete was a thrower.[7] By the mid–1980s, however, officials at the CTFA increasingly began to hear rumours about drug use by track athletes, particularly by Mr Francis's sprint group.

Glen Bogue, manager of athlete services at the CTFA from August 1983 to October 1986, first became aware of these general rumours in 1985. He also heard specific stories that raised concern about the high-performance centre at York University where Mr Francis's athletes trained. He was told that Atlee Mahorn, a 200 metre runner, chose not to train at the York centre because of drug use there but instead went to Berkeley, California. Mr Bogue also made his own observations of athletes training at York. He particularly noticed a dramatic change in Angella Issajenko's physique at this time. This too raised his suspicions.

Mr Bogue's suspicions were confirmed by a phone call he received from sprinter Desai Williams. There was some dispute over the date of the call, which Mr Bogue believed was in 1985, but little turns on the exact date. Mr Bogue testified that Mr Williams gave him certain information about Mr Francis's athletes using banned substances. Mr Williams made particular mention of Ben Johnson's use of steroids, saying that he was concerned about the quantity of steroids Mr Johnson was taking and the risk to his health.

During the conversation a plan was proposed wherein Mr Williams would let Mr Bogue know when the steroids arrived at York, and Mr Bogue would then arrange for a random test of Mr Johnson. Mr Bogue told Mr Williams he would speak to Wilf Wedmann, then president of the CTFA, and seek authority to make a surprise visit at the York University track and field centre. They agreed that Mr Williams's name would not be disclosed. Mr Williams, in his evidence, agreed that he had a discussion with Mr Bogue, but differed on the details. I am satisfied that Mr Bogue accurately recounted the substance of the conversation he had with Mr Williams. I do not think it was Mr Johnson's health that Mr Williams was concerned about since, if it were, a private chat with Mr Johnson would have been the appropriate means of dealing with it.

On receipt of this phone call, Mr Bogue considered that he now had first-hand information confirming the rumours about drug use by Mr Francis's athletes. Hitherto, he had dismissed the rumours as jealousy. He felt the information was important and should be followed up. Immediately after his conversation with Mr Williams, he went to see Mr Wedmann and outlined the information he had received. In accordance with the agreement with Mr Williams, he did not reveal his name, but advised Mr Wedmann that the source of his information was an athlete of significant standing in Toronto. Mr Wedmann was not impressed by the phone call. He testified that he did not consider the information Mr Bogue had provided as "very substantial." He was primarily concerned with the ability of Mr Bogue's source to prove the allegations.

Mr Wedmann was not prepared to start any CTFA investigation into the allegations. He specifically turned down Mr Bogue's plan for a surprise visit to York University on the basis that the CTFA did not have sufficient authority to conduct such tests since there was no agreement by the athletes in their contracts with the CTFA to permit out-of-competition testing. He did not propose any other investigation of the allegations. Instead, he expressed the view that the CTFA's implementation of its out-of-competition drug-testing program, proposed to commence on October 1, 1986, was a sufficient response to the concerns raised by Mr Bogue's information.

As it turned out, the CTFA did not initiate any out-of-competition testing until after the Olympic Games in 1988. The details of the CTFA's doping control policy are dealt with elsewhere in this report.

The CTFA also overlooked that, by 1986, every carded athlete was required as a condition of his or her funding to have entered into a contract with the relevant national sport federations which included a provision that the athlete would agree to submit to tests during training, as well as in competition, and to agree not to be in possession of or use anabolic steroids. Mere possession of anabolic steroids, and not merely a positive test, was the basis of disqualification. It is apparent that the CTFA did not enforce this requirement.

Mr Bogue also spoke to Mr Mach, who advised him that steroid use was not a problem in the sport. Unfortunately, for health reasons, Mr Mach was not able to testify at the Inquiry. Mr Bogue next called Cecil Smith, who, in his testimony, had a vague recollection of a call from Mr Bogue about drug use among Mr Francis's athletes but did not recall the details. Mr Smith confirmed to Mr Bogue that there had been rumours about the problem at York for years, but cautioned him that he could be sued by Mr Francis if he could not back up his allegations.

Mr Bogue took no further steps on his own. His plan to have the CTFA investigate drug use at York was thwarted by Mr Wedmann's response. He was disappointed and frustrated:

> But when I died the hard death at Wilf's desk, I really couldn't go anywhere else. I couldn't risk Desai being exposed. I couldn't go to the Board of Directors because they didn't have the experience on the Board to make a key decision like that. They didn't have international experience in track and field and if Wilf wouldn't let me go, then I didn't think I could go any further. That was the end of it and Desai kind of drifted away on that issue.

Mr Wedmann's failure to act on Mr Bogue's information or even to pass it on to others at the CTFA to investigate represents a significant missed opportunity to investigate an early warning sign of the problems at the York University track and field centre.

1986

In 1986 three Canadian throwers — Rob Gray, Peter Dajia, and Mike Spiritoso — tested positive for steroids at the national championships in June. They all appealed their positive tests and maintained steadfastly to sports officials that they had not taken the substance for which they had tested positive.

By late 1986, rumours about drug use by sprinters and, in particular, by Mr Francis's athletes intensified. These rumours even reached the new chairman of the CTFA, Jean-Guy Ouellette. He was told that sprinters, and especially those training with Mr Francis, were developing musculature at a frightening rate. Mr Ouellette made these observations himself as well. He was unwilling to conclude immediately that steroids were involved since he was aware of the weight-training program of Mr Francis's athletes. By late 1986, however, he was beginning to be suspicious.

On December 5, 1986, the Vancouver *Province* published an article setting out allegations by three individuals — a physician and two Canadian sprinters — of steroid use in track and field. Doug Coleman, a physician and powerlifter, was quoted as saying, "I'd be surprised if they [sprinters] weren't using steroids." Atlee Mahorn, one of the sprinters, was quoted as follows:

> I can only speculate and I'm not 100 percent sure, but I am 99 percent sure that a lot of athletes are on it [steroids] . . . There is a common belief in a lot of sprinters that if they weren't into drugs they wouldn't be as good.

Mike Dwyer, the other sprinter, stated:

> It's [drug use] reached epidemic proportions . . . That [widespread anabolic steroid use] was the big reason I decided to leave Toronto. I've seen people make massive gains in weight and strength in short periods of time and I've seen women go through very sudden changes.
>
> I had one well-known Canadian women sprinter tell me, "I don't want to be the best I can be, I want to be the best in the world."

News of this article received widespread attention in the track and field community in Toronto. The CTFA was aware of the article, but once again took a hands-off approach in investigating the allegations. Mr Wedmann asked a CTFA staff member to call the three individuals quoted in the articles. He then wrote to each of them, asking them to put their allegations in writing, together with supporting evidence. No written response was received from either Dr Coleman or Mr Mahorn. The CTFA did receive a letter from Mr Dwyer on December 23, 1986, in which he indicated he had not referred to anabolic steroids in his discussions with the news reporter. He did go on to say:

> Besides, steroids are now, for the most part, passé, as "monkey serum" [human growth hormone], metabolic activators, B-12 shots etc. are the new craze these days. Also, if you really are so interested in what's going on, I would suggest you check into the "defensive" individuals. — They might have quite a bit to hide. Maybe the findings will prove to be quite interesting . . . if anything is actually found.

He appended to his letter a copy of his response to the newspaper article in which he basically repeated his statements about drug use in sport and stated that he stood by them. Mr Wedmann wrote a further letter to Mr Dwyer in January 1987 repeating his request for written confirmation. No reply was received.

The letters written by Mr Wedmann represented a put-up or shut-up attitude, which, perhaps unintentionally, curtailed the receipt of any further information.

Both Mr Wedmann and Mr Ouellette felt there was little they could do to investigate these allegations unless they could catch athletes as a result of a positive test or have witnesses come forward and provide proof. The CTFA did not see itself as taking an active role in seeking out information. As Mr Ouellette put it:

> We had to be able to catch them in the act, if you will. We had to test them positive. Or we had to have people who were ready and willing to come forward and to help us.
>
> People in the field, people who were familiar with the athletes, who dealt with them on a day-to-day basis, nobody came to see us to say, "Well, now we're going to sit down and help the Association, we have the proof you need, the evidence you need."
>
> Personally I was not involved with the athletes; the staff was in Ottawa, the athletes were in Toronto. We don't see them every day. We don't deal with the athletes every day.
>
> We had to have the required tools and we did not have what we needed to proceed.

Rather than investigating specific rumours, the CTFA concentrated its efforts on the implementation of its out-of-competition drug-testing program. The process was extremely slow. In the fall of 1986 the CTFA board sent the proposal to committee so that consultation with its members, coaches, and athletes could take place before the policy was implemented. Details of these discussions are given later in this chapter.

Charlie Francis was aware of the CTFA initiatives on out-of-competition testing, and he was concerned that it would soon be initiated in Canada only. If so, this would threaten the ability of his athletes to continue on a drug program. Combined with his degree of self-interest in seeing this program delayed, Mr Francis also felt that if Canada moved ahead in this area it would be self-defeating, since other countries would not follow suit. He assumed that CTFA officials who were pressing the matter forward in Canada were completely unaware of the scope of doping internationally.

Accordingly, he decided to speak to Mr Ouellette in the fall of 1986 to advise him of the harm Canadian sport might do to itself by this process. He suggested to Mr Ouellette that if Canada were to act alone in initiating random testing, this would not be a reasonable or prudent course of action since other international athletes would continue to use drugs. In his testimony, he described Mr Ouellette as being upset by the discussion and agreeing to talk it over with other international track officials.

1987–88

Mr Ouellette recalled being asked by Mr Francis in early January 1987 about the status of the CTFA's out-of-competition testing program. He remembered that Mr Francis advised him that in England, in order to avoid positive tests, the random testing program was fixed so that certain clean athletes would always be tested. Mr Ouellette was on his way to Europe for a meeting on the world junior competition and he told Mr Francis he would look into this. He did so in March 1987 and was advised there was no truth to Mr Francis's assertions. Mr Ouellette advised Mr Francis of his investigations; he told him the CTFA would institute random testing that would be foolproof in Canada and that it would lobby to do the same internationally.

Mr Francis testified that he continued to have discussions with Mr Ouellette about the implementation of random testing in 1987 and 1988. He stated that Mr Ouellette made it clear to him over the course of these conversations that he was opposed to random testing if other countries were not going to clean up their act. Mr Francis portrayed Mr Ouellette as taking a very strong position on the issue and becoming determined that random testing should not come into effect in Canada before the 1988 Seoul Olympics. He asserted that Mr Ouellette advised him that if random testing was put into effect nonetheless, he would attempt to become involved in the process so that athletes would have some advance warning of the tests.

Mr Ouellette denied telling Mr Francis that Canada should not proceed with out-of-competition testing unless other countries did. He also denied saying that he had become opposed to such testing, would try to delay it, and would warn Mr Francis's athletes in advance of any random tests.

I accept Mr Ouellette's evidence in this respect. Mr Ouellette was not a member of the doping control committee, and, although the steps taken to initiate out-of-competition testing were ineffective, he supported the elimination of drug use by members of the CTFA and the institution of a random testing procedure even if Canada would do it alone. I think Mr Francis misinterpreted what Mr Ouellette said and read into it what he wished to hear rather than what was actually stated.

Mr Wedmann turned his mind to other things during 1987. Perhaps lulled into a false sense of security by the fact that no Canadian track and field athlete tested positive in 1987, he took no steps that year to investigate the use of steroids by Mr Francis's group or others. He continued to be involved in planning the CTFA's out-of-competition testing program, although preparation for the 1988 Olympic Games was his number one priority.

In these same months, however, additional information about drug use among Mr Francis's athletes and, in particular, by Mr Johnson continued to accumulate. Much of this information eventually reached Mr Wedmann.

In 1988 information of increased significance about drug use among Mr Francis's athletes reached the CTFA. It first came to the attention of Steve Findlay, who, since December 1, 1986, had been coordinator of athlete services at the CTFA. In that position he had frequent contact with athletes across the country and was privy to much information. Prior to 1988 he had no concrete information about drug use by Canadian track and field athletes, but he was aware of the rumours of drug use and, in particular, of steroid use by Mr Francis's athletes. Those rumours were circulating widely in the sport community by 1988. For instance, Andy Higgins, head coach at the University of Toronto high-performance centre, commented:

> [W]ith the rumours and the talk that was coming back from athletes, it had to be pretty apparent that you could not exist in the sport and not know that there were athletes in that centre [the York University track and field centre] that were using drugs.

In the third week of January 1988 Mr Findlay attended an indoor track meet at the Ottawa Civic Centre. He was struck by significant changes in physique among the elite members of Mr Francis's group — in particular, Mark McKoy, Ben Johnson, and Angella Issajenko.

These physical changes had been noted by others as well. At the *Hamilton Spectator* meet held in the second week of January 1988, Rolf Lund, president of the Ontario Track and Field Association, and Cecil Smith noted that the physiques of Mark McKoy and Desai Williams had changed markedly since the world indoor championships in Indianapolis in March 1987. Mr Higgins also made similar observations at this time. He noticed significant changes in Tracy Smith's physique. She was an athlete who had first trained at the University of Toronto centre but had switched to York to be trained by Mr Francis. Mr Wedmann had also noted physical changes in Mark McKoy, Desai Williams, Ben Johnson, and Angella Issajenko at that same time. He professed not to be surprised by the changes, however, ascribing them solely to Mr Francis's weight-training techniques.

These observations provided Mr Findlay with the first concrete basis for the rumours circulating about the York centre:

> I guess the way to put that was that there had never, in my experience and exposure to this whole subject, there had never been evidence to lead me to say with confidence or suspect with confidence, but now I mean I had been there I guess 13 or 14 months at that time exposed to this environment, and at that time I was really getting some indications and having to face them.

Shortly thereafter, Mr Findlay received specific information about the drug problem in the York group that removed any doubt he had about the matter.

On January 28, 1988, the Toronto *Sun* games were held at Maple Leaf Gardens in Toronto. Dr George Mario (Jamie) Astaphan was there, as were Dave Steen, the decathlon competitor, and his wife. The next day Mr Findlay spoke to Mr and Mrs Steen. Mr Steen explained to Mr Findlay that during the games, Dr Astaphan advised him that he had come to Toronto from St Kitts to "clean Angella out." Dr Astaphan told Mr Steen that Ms Issajenko "had been performing very poorly and it was because Charlie Francis had been administering too great a dosage to Angella." According to Mr Findlay, Mr Steen told him he was shocked when Ms Issajenko, having performed poorly only a week earlier, tied a world record that evening.

To underscore the doctor's involvement with banned substances, Mr Steen also told Mr Findlay about his own experience with Dr Astaphan on the island of St Kitts in December 1987. Mr Steen was there with his wife, a medical student who was taking up a short residency with Dr Astaphan. During that visit Dr Astaphan provided him with a vial of what he believed was an anabolic steroid mixed with vitamin B-12, which Mr Steen said he refused to use and returned to Dr Astaphan.

That same day, January 29, 1988, Mr Findlay was at the University of Toronto track centre and spoke to Mr Higgins. They discussed Ms Issajenko's vastly improved performance at the *Sun* indoor games the previous evening. Mr Higgins reported to Mr Findlay that Ms Issajenko was crediting her improvement to eating steak tartare at Dr Astaphan's suggestion. Most of the University of Toronto coaching staff felt this story was preposterous and thought the real explanation probably lay in her use of performance-enhancing drugs.

Mr Higgins and Mr Findlay also discussed the fact that the University of Toronto track club was losing athletes to the York group. In particular, discussion centred around Ms Smith, who the University of Toronto coaching staff felt had left their centre to take advantage of the availability of banned substances at York.

As a result of all the rumours and gossip he had heard and the observations he had made, Mr Findlay became convinced of drug use by the York athletes. When he testified, Mr Findlay was asked:

> Q: So, to put it bluntly, by Saturday, January the 29th, you as the Athlete Services Coordinator, a senior employee of the Canadian Track and Field Association, were clearly in possession of hard evidence that there was significant steroid use among a number of Canadian track and field athletes performing at a high level?
>
> A: That's correct, but I wouldn't say I was a senior employee at that time.

He decided all this information would have to be reported to Mr Wedmann. Mr Findlay was so disturbed that he spent the weekend in shock and took the following Monday off work. He expressed his feelings as follows:

> It's one thing to know the rumours, but then it's another to be faced with the cold truth. I had to re-evaluate my participation with the CTFA, my employment with the CTFA because I just — a lot of my efforts were being devoted to this group of athletes, to this club [the Mazda Optimists] . . . because there had been many, many hours of contract work, commercial work and various other things.
>
> That decision didn't take too long because I realized I was there for the sport and the sport was much, much larger than the Optimists or any athletes in that group.

Early the next week he attempted to contact Mr Wedmann, who was out of the office at meetings. He left a message for Mr Wedmann on January 31, 1988, to contact him, saying he had an "urgent concern."

In the meantime, he discussed the information he had received from Mr Steen with Denis Landry, then manager of coaching development for the CTFA, and Casey Wade, acting manager of the Competition Department, Domestic Programme. According to Mr Findlay, both Mr Landry and Mr Wade agreed with him that the Steen information provided concrete support for the rumours that had been circulating about drug use at York. Mr Wade in his testimony did not recall this conversation specifically. However, he did recall a conversation with Mr Findlay in February 1988 in which Mr Findlay was upset and mentioned he had some information about steroid use by Canadian track athletes.

Around this time, Mr Wade was also contacted directly by Mr Steen about the extent of the drug problem. Mr Steen wrote him a letter in which he stated that the use of steroids and other performance-enhancing drugs was becoming "so widespread both internationally and domestically that individuals who do not use drugs are in the minority." Mr Steen requested that he be tested on a consistent basis so that his antidrug stance would be beyond suspicion.

On February 1, 1988, Mr Wedmann spoke to Mr Findlay on the telephone. Mr Findlay went over all the information he had received from Mr Steen, but Mr Wedmann was not impressed. As Mr Findlay put it:

> Wilf's response, as I remember, was that there was no evidence with which the CTFA could proceed, that this didn't constitute evidence.

On February 2, 1988, Mr Wedmann met with Mr Findlay for twenty to thirty minutes to review the Steen information again. In addition to repeating the information about Dr Astaphan's involvement with Ms Issajenko's steroid program and the other information received from Mr Steen, Mr Findlay testified that he might also have pointed out the dispiriting effect the use of banned substances by the York group was having on other coaches, particularly those at the University of Toronto centre, and might have made reference to his recent conversations with Mr Higgins. He recalled mentioning the concern felt by the University of Toronto coaches about losing athletes to York, specifically because of the steroid program available there. He spoke to Mr Wedmann about Ms Smith, "because that athlete, the case of that athlete to me symbolized the damage that was being done among the athletes."

Mr Findlay proposed to Mr Wedmann that he, Mr Wedmann, Mr Mach, and Mr Landry should get together, face this issue, and decide how to address it. Mr Findlay had no magic solutions, simply a sense that action was needed. According to Mr Findlay, Mr Wedmann reiterated his earlier position that there was not sufficient evidence to act on, leaving Mr Findlay feeling frustrated and isolated.

In his testimony, Mr Wedmann did not recall specifically the telephone call or the details of the meeting he had with Mr Findlay in early February. He did not recall being told that Mr Steen was the source of this information. Clearly Mr Wedmann was not disturbed, as Mr Findlay was, about what was reported to him. He stated:

> I was overwhelmed with work at that point in time, very busy, and I was sort of reluctant to — "Why don't you just deal with it with Gerard [Mach] and Denis [Landry] . . . through normal channels." But Steve persisted, is my recollection.

Mr Findlay is a conscientious young man and, from the observations I made of him while he was testifying, there is no doubt that the telephone call and the meeting with Mr Wedmann were exactly as he recounted them. Mr Wedmann's failure to recall these details, I think, is very significant.

Mr Wedmann is an intelligent man and should have recognized the significance of what was being told to him. The fact that the statements were emanating from Dr Astaphan himself was not a matter of rumour but direct evidence. It was apparent that Mr Wedmann was preoccupied with other matters, but he must have given the impression that he did not want to hear what Mr Findlay was telling him.

Faced with the same response from Mr Wedmann that Mr Bogue had received earlier, Mr Findlay's efforts to deal with information about drug use at York died in February 1988. Having failed to prod the president of the CTFA, whom he considered the most powerful person in the organization, into action on the information he had received from Mr Steen, he did not approach the board of directors or take any alternative course of action prior to the Seoul Olympics.

The only action Mr Wedmann took was to set up a meeting with Mr Higgins and the other coaches at the University of Toronto high-performance centre. In fact, Mr Higgins had been trying to arrange a meeting with Mr Wedmann since 1987 to discuss his opinion that unreasonable expectations were being imposed on athletes in terms of carding standards. Mr Higgins felt Sport Canada's carding standards were totally unrealistic for clean athletes to meet.

The meeting took place in the last week of February or the first week of March 1988 at the University of Toronto centre. Mr Wedmann, Mr Mach, Mr Landry, Ted Gruetzner (administrator of the University of Toronto centre), and coaches Andy Higgins, Carl Georgevski, and Bogdan Poprowski attended the meeting. The CTFA officials reiterated their view that track and field was basically a clean sport and the University of Toronto coaches were to do the best possible job they could in coaching. The coaches raised squarely their concerns about drug use at York. They told the CTFA officials that the University of Toronto centre was losing athletes to the York group, presumably to take advantage of the steroid program there. Ms Smith was cited as a recent example. The coaches also complained that notwithstanding the well-known rumours about drug use by Mr Francis's athletes, his training methods and success rate were held up by the CTFA as a standard for other centres to emulate. Mr Wedmann replied:

> And my response to that was well, until we have something that negates the performances of the athletes at the York Centre, namely a positive test or a conviction, that it is hard to ignore the performances of York Centre and somehow simply put them to the side.

The University of Toronto coaches asked the CTFA officials present: "Are you telling us that what we should be doing is what is happening up the street and that is, there is drugs being used?" Mr Wedmann's response was to ask if the coaches had any hard evidence of drug use at York, thus shifting the burden for follow-up and investigation of the allegations about York back on the shoulders of the University of Toronto coaches. Mr Wedmann told them that the CTFA needed hard evidence on drug use by the Francis group before it would act. He said the CTFA would hold a hearing if an individual came forward with specific information. He did not tell them that he had received specific information about drug use at York from Glen Bogue some two years earlier and from Steve Findlay earlier that year. The University of Toronto coaches did not have hard evidence on the activities at York, nor did they see this as their role. In Mr Higgins's view, this was a CTFA responsibility: "the administration in the sport certainly was in a position to get the hard evidence and they had the responsibility to do so."

Mr Wedmann's final response to the University of Toronto coaches was to suggest that the CTFA hold a major media conference to announce the commencement of its out-of-competition testing program. This, he said, should reaffirm the CTFA's antidrug policy.

In the aftermath of this meeting, Mr Wedmann kept the concerns of the University of Toronto coaches to himself. He did not share them with either Mr Findlay or Mr Wade at the CTFA or with the CTFA board of directors. Mr Findlay heard about the University of Toronto meeting only "a few months down the road," from Mr Mach. Mr Wedmann also asked Mr Mach and Mr Landry to schedule a meeting with Mr Francis to confront him about the rumours of drug use at York. The meeting did not take place until May or June 1988.

In February 1988 further information about steroid use among the York group of athletes was passed to Mr Mach by sprinter Angela Bailey. Ms Bailey was angered when Mr Mach suggested she link up with Mr Francis's group during the European circuit and get her massages from Waldemar Matuszewski. She did not want to be associated with the York group because of its known steroid use, and she told Mr Mach:

> I said to him, I was pretty angry, I said, you know Gerard, this entire thing is going to explode and when it does explode I don't want to have my name associated with the group or anyone in that group.

It was not the first time she had discussed her suspicions with Mr Mach. Ms Bailey testified that she had spoken to him previously in 1986, 1987, and 1988:

> Well, I had had conversations [with] Gerard on several occasions. Each time I did I mentioned the steroids situation which by now he would have been fully aware of because I kept telling him how bad it was. Whether I had evidence or not, I strongly suspected what they were doing.
>
> So, each time that I was telling him about the steroids situation. And he understood exactly what I was saying each time.

Mr Mach never told her he would look into the matter. As she put it: "Basically what he would say to me is, Angela, you worry about what you are doing, and I will worry about what I have to do."

This was not the first time Mr Mach had been alerted to suspicions of steroid use by Mr Francis's athletes. As indicated earlier, Mr Bogue had also spoken to Mr Mach about steroid use in the York group between 1984 and 1986.

In the spring of 1988 the information flow about drug use in the York group gained momentum. Rolf Lund, president of the OTFA and member of the board of directors of the CTFA, was the next person to bring his concerns to CTFA officials. As with other members of the sport community, Mr Lund too had suspicions about drug use at York. He had heard rumours about drug use at the centre from other coaches and from athletes. Sprinter Mike Dwyer had told him he did not like the environment at

York University. Mr Lund also noted the dramatic change in Cheryl Thibedeau's physique after she came to Toronto to train with Mr Francis in 1984. In 1988 he was similarly struck by marked changes in physique in Mark McKoy and Desai Williams between the world indoor championships held in Indianapolis in March 1987 and the *Hamilton Spectator* meet in January 1988. Initially, Mr Lund did not pass on these rumours and observations to the CTFA.

The situation changed, however, in early 1988. Mr Lund had several conversations with a coach at York about the use of steroids by Mr Francis's athletes. This coach told Mr Lund that drugs were very much a part of the training at York and that athletes were being advised and encouraged to participate in drug programs. This coach was concerned that the programs were starting to extend to high school students and that drug use would soon become a common practice there. The most extensive discussion Mr Lund had with this coach was on the weekend of March 12, 1988, in Winnipeg at the time of the Canadian Interuniversity Athletic Union (CIAU) championships.

Prior to March, Mr Lund kept the information confidential because his source was looking for employment outside the York group and he did not want to prejudice his opportunities. The cumulative effect of the information, however, began to weigh on Mr Lund. He felt this was information the CTFA should be addressing. Accordingly, on March 18, 1988, he sent a confidential memo to Jean-Guy Ouellette, chairman of the board of the CTFA, and to Mr Wedmann. The memo was somewhat vague in its wording because of Mr Lund's fears of legal action, but pointed squarely at the problems in the operation of the York high-performance centre:

CONFIDENTIAL

March 18, 1988

To: Mr Jean Guy Ouellette, Chairman of the Board, CTFA
Mr Wilf Wedman[n], President and CEO, CTFA

From: Rolf T Lund

Ref: National Sprint Centre York University

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1. I am writing to you to express a personal concern which I feel that you and the CTFA must address.
2. Given my involvement and long association with Track and Field I am aware of events and occurrences in our sport.
3. It has recently been of an increasing frequency that athletes, coaches and administrators have expressed their concern to me with respect to the coaching and training methods and practices that are being employed and developed at the National Sprint Centre.
4. I would like at this time, to request that an assurance be given to the CTFA Board of Directors at our next meeting by the President and the National Coach and High Performance Director, that all aspects of the Sprint Centre's operation is being done within the existing rules of the IAAF and the CTFA.
5. Please treat this request as being serious.
6. I would like this item dealt with in camera and in confidence before the Board of Directors at our next meeting.
7. In this instance, I assume that the National Coach is fully aware of the Sprint Centre's operation. If this is not the case then he should do what is necessary to satisfy himself and the Board, with respect to the continued integrity of the sport of Track and Field.

> I look forward to your early response.
>
> Yours truly,
>
> Rolf T Lund
> President Ontario
>
> Ontario Representative CTFA Board of Directors

In his testimony, Mr Lund said his reference to training methods and practices in this memo was intended to refer specifically to the use of steroids.

At or about the same time, Mr Lund also wrote a handwritten note to Mr Wedmann, a copy of which was sent to Mr Ouellette, reinforcing the urgency of his March 18 letter. The handwritten note is undated but was received by Mr Wedmann on March 22, 1988, and reads as follows:

> Dear Wilf:
>
> The operation of the Sprint Centre, its coaches and athletes are being scrutinized by all aspects of our society.
>
> I just want to be assured that we (Sport & Board) will not be embarrassed. If what is being discussed openly in Toronto is true then we must take steps to rectify the situation.
>
> The rules are ours and I want to be able to ask Gerard [Mach] and get a reply from him before the entire Board of D[irectors].
>
> Please give me a call re this!
>
> Rolf

There was a note in the top margin, "This letter has gone to J. Guy and yourself, only! R."

Mr Lund's purpose in writing was as follows:

> I was informing at this stage the two individuals who I felt were appropriate to then take it further and investigate it and come back to the Board with suggestions and so forth. And at this stage, I wanted it to be kept in confidence because it was leading up to the 1988 Olympic Games.

Both Mr Wedmann and Mr Ouellette were aware from these letters that Mr Lund was referring to the use of steroids at York.

The next meeting of the CTFA board of directors was scheduled for April 1988. However, Mr Lund's memo of March 18, 1988, was not put on the agenda for discussion at that board meeting.

In their testimony, Mr Ouellette and Mr Wedmann gave different reasons for this omission. Mr Ouellette testified that the matter was not put on the agenda because he and Mr Wedmann felt there was no basis for or proof of Mr Lund's allegations about drug use at York. Mr Wedmann testified it was not put on the agenda because the topic of banned substances was already on the agenda generally through other items. As he put it, "I did not address it in terms of putting it on the agenda. Specifically, it was there already, and Mr Lund would be free to bring it up and left it at that."

When he arrived at the meeting, Mr Lund noticed that the matter was not on the agenda. He spoke to Mr Ouellette and Mr Wedmann privately outside the board meeting. They told him they were looking into the matter and would investigate the matter by having Mr Mach meet with Mr Francis. Mr Lund did not advise them that his source was a coach at York who should be spoken to as part of any investigation. At this point, Mr Lund felt the matter was being looked into. He believed he was alone in his concerns about the York group. Mr Wedmann did not advise him that the University of Toronto coaches and others had expressed similar concerns.

In April 1988 rumours of drug use in track and field once again made the newspapers. An article was published in a Toronto newspaper quoting Dr William Stanish, chief medical officer for the Canadian team at the 1988 Olympics, as saying that drug use had reached epidemic proportions among athletes as young as fourteen years of age. He singled out track and field and weightlifting as sports where drug use was prevalent. Mr Wedmann became aware of the article and wrote to Dr Stanish on April 7, 1988, asking him to present proof of his statements. Dr Stanish replied by way of a letter dated April 15, 1988, stating that the article had been made overly spectacular but that the use of banned substances was on the rise in sports, particularly in those events requiring power. Mr Wedmann took no further steps to ask Dr Stanish what information he had about drug use. Once again, Mr Wedmann's insistence for proof before any inquiry would be instigated effectively foreclosed any such inquiry.

On May 3, 1988, Mr Wedmann formally replied to Mr Lund's memo of March 18, 1988. He testified that his delay in replying was due to the fact that he had resigned from his position, was finishing things up, and was also taking an extended holiday. He indicated in his letter that he could not confirm the rumours about drug use at York nor could he rule them out without hard evidence:

> Dear Rolf:
>
> Thank you for your letters re the York Centre.
>
> With respect to your request for assurances that we will not be embarrassed [ie about the York centre], I cannot give you such assurances. All I can say is that when we heard about the Toronto stories with respect to York and doping, we sat down with the people at U of T who appear to have been very vocal on the subject. The U of T coaches were asked whether they have any evidence to back up their stories or whether they had any personal knowledge which they would be prepared to swear to before a hearing.
>
> I was not given a positive response to either request. The same offer was also made to coaches with respect to their athletes. To date, nothing has been presented to me to permit me *with cause* (some evidence — not hearsay, rumour, etc) to launch an investigation in accordance with our rules.

> I also spoke to both Gerard and Jean Guy who both have a relatively close relationship with Charlie Francis and asked them to ensure Charlie is aware of these stories and that the CTFA would act firmly in accordance with our rules if any evidence is produced. I hoped that these discussions with Charlie would ensure he realized what is being said about him and his athletes and what the consequence would be if any allegations were proven following due process.
>
> Rolf, if you have any personal knowledge of any wrongdoing by any member of our York Centre, please present it to me immediately and we will follow due process. If any of the people with whom you spoke have any evidence of rule infractions or are prepared to swear that they have personal knowledge of such, please ask them to contact me so that we can pursue these allegations according to due process.
>
> Rolf, hearsay or rumour are not a sufficient basis to act. Evidence and due process are required. I have no desire to side-step the issue, but I must have something to investigate. When that is forthcoming, I'll gladly act in accordance with our rules. If people don't have evidence or personal knowledge to which they are prepared to swear before a hearing, I wish they would refrain from speaking out publicly.
>
> Please do not hesitate to give me such evidence or direct me to someone who has it. I will follow up. But without such, what am I to do?
>
> Thank you for your concern! I look forward to your response!
>
> Sincerely,
>
> Wilf Wedmann,
> President/Chief Executive Officer

This letter of Mr Wedmann's was the first indication Mr Lund had that the University of Toronto coaches had voiced similar concerns to the CTFA. If he had been aware that his concerns were shared by others, Mr Lund testified, he would have pressed more aggressively for action in his March 18, 1988, memo and would have raised the matter himself before the board of directors in the spring of 1988.

Instead, he considered his request for action to have been an isolated one:

> [U]p to that point, I felt that perhaps I was the only one that had taken a step in terms of writing a letter asking for something to be done . . . So, not being aware of some of the other concerns that had been — overtures that had been made to the CTFA, my feeling was that perhaps no-one else had the same concerns.

As a director of the Canadian Track and Field Association, however, I think it was Mr Lund's duty to disclose the source of his information as being the coach of the York centre, even at the risk of embarrassing his friend.

Mr Mach and Mr Landry finally did meet with Mr Francis at York, but it is unclear when this meeting took place. Mr Mach's and Mr Landry's inquiries of Mr Francis were far from searching. They merely asked Mr Francis if his athletes were using banned substances. He denied it and threatened to sue those who repeated such allegations. No specific questions were put to Mr Francis about drug use by Angella Issajenko or other athletes. Mr Mach concluded that no untoward actions were going on at York. This was reported to Mr Wedmann, who in turn advised Mr Ouellette. The matter was then officially closed by the CTFA officials. Mr Ouellette testified:

> So, as far as Mr. Wedmann was concerned, the issue was closed. And in my position of Chairman of the Board, when an investigation of the like is carried out by someone in Mr. Wedmann's position, I tended to agree with him since there was no evidence.
>
> There was a meeting between Mr. Mach and Mr. Francis, and then as far as I was concerned, the situation was settled.

In the late spring of 1988, the CTFA received further specific information about steroid use at York from Peter Dajia, one of three throwers who had been disqualified following positive drug tests in June 1986. In the spring of 1988 all three were applying for reinstatement with the assistance of Mr Findlay at the CTFA. In June 1988 Mr Findlay spoke to Mr Dajia on three occasions about his reinstatement. Mr Dajia was dissatisfied with the length of time the process was taking and, in his third call to Mr Findlay at the end of June or the beginning of July, he made a threat that if things did not speed up, he would "turn in the world's fastest man." He also told Mr Findlay that he had information about Ms Issajenko and Dr Astaphan, and unless he received prompt action on his reinstatement, he would reveal this information to the press. Mr Findlay did not ask Mr Dajia for any specifics because he assumed the information was the same as that he already had about drug use at York. He asked Mr Dajia to consider the effect that reporting this kind of information to the press would have on track and field:

> We were aware that the press . . . were investigating the rumours of Ben Johnson's use of banned substances . . . And I just pointed out to Peter, look, there are a lot of rumours out there and you will just add to them, and is that going to benefit the sport. And I left the decision to him. I asked him to consider that.

By trying to dissuade Mr Dajia from going to the press, Mr Findlay obviously gave the impression that the CTFA could be easily pressured. Rather than discouraging Mr Dajia from going to the press, Mr Findlay should have probed him about his information.

Mr Findlay mentioned Mr Dajia's threat to Mr Wedmann and Mr Wade. No steps were taken to investigate his allegations.

Mr Dajia was subsequently reinstated. Mr Findlay vehemently denied that Mr Dajia's reinstatement had anything to do with this threat, since the CTFA had already taken all the measures it could by that time. The evidence clearly established that Mr Findlay was correct in his denial, and the subsequent reinstatement of Mr Dajia did not come as a result of the threat made by him.

In July 1988 Mr Findlay, as athlete services representative of the CTFA, received a copy of an agreement dated July 19, 1988, between Mr Johnson and Dr Astaphan, elsewhere referred to in this report. The agreement provided that Dr Astaphan was to be compensated at the rate of U.S.$10,000 per month, plus travelling expenses and costs of medical supplies, for the months of May, June, July, August, September, and October 1988 for providing services to Mr Johnson for the "maintenance of his physical and psychological integrity and well being." This agreement was forwarded to Mr Findlay so that the requisite payments could be made to Dr Astaphan out of Mr Johnson's athlete reserve fund.

Mr Findlay was of course aware by this time that Dr Astaphan had been named as a supplier of steroids to the York group. So was Mr Wedmann. However, Mr Wedmann's tenure as president of the CTFA ended in April 1988 and his position was assumed by Paul Dupré. Although Mr Findlay discussed this request for payment with Mr Dupré and obtained his approval for it, he failed to mention to Mr Dupré the information he had about Dr Astaphan. Mr Findlay made the assumption that this information was now general knowledge and that Mr Dupré must have been aware of it, but there was no evidence that he was.

Faced with the fact that reporting such information to the previous president in February 1988 had achieved nothing, Mr Findlay pressed no further about the matter in the summer of 1988 with Mr Dupré. Resigned to the practicalities of the situation, he commented:

> I guess the last relevant fact was that Johnson was going to use Astaphan whether we approved or not.

The issue of steroid use at York was not raised at the August 1988 CTFA board meeting. Nor were the results of the meeting between Messrs Mach, Landry, and Francis reported to the board at this meeting. The directors were not in fact advised of this meeting until their October 1988 board meeting, held after the Seoul Olympics. During the months of January to August 1988 nothing specific was ever put forward by the CTFA executive to the board of directors about the doping problem at York.

During the summer of 1988 the CTFA board and staff failed to take the information it had on drug use at York seriously and failed to follow it up. Comments by staff and board members are revealing. Mr Lund pointed to the business of the outdoor competitive season:

> It was also a busy summer for me because there was — that was the summer of the World Juniors in Sudbury. And at that time I think I spent a total of 32 days in Sudbury for a variety of events and occurrences. So, I was not — I suppose my priority of things to do did not relate to seeking out further information. And I was involved as a chef for the World Juniors and the other people were involved in preparing themselves for the Olympic Games.

Mr Ouellette candidly commented:

> Mr Commissioner, I must say that at that point in time, doping was not a priority for us. In April at that meeting, we had just received the resignation of the CEO, we had points on the agenda which were very important points, and we were working on our out-of-competition testing policy, that was our priority.

In light of those comments and the information available to the CTFA prior to the Seoul Olympics, I now turn to an examination of the CTFA doping control policy between 1976 and 1988.

7

Doping Control Policy and Practice in Track and Field before September 1988

The responsibility for doping control in track and field in Canada rests with the Canadian Track and Field Association. The organization's involvement in doping control can be traced through a number of published statements opposing the use of banned drugs by its athletes. Such statements reveal that in the last decade or more its board of directors and senior officers have indeed turned their attention to developing the CTFA doping control policy. The implementation of that policy, however, has fallen far short of the intended mark.

The CTFA board first stated its policy in 1976:

> The Board of Directors wished to make it known that it was against the use of steroids and artificial stimulants being used by any athlete, and it encouraged all medical attempts to trace the use of such drugs. It was also felt that all medication prescribed at training camps and at athletic events must be prescribed and handed out to the athlete by the team physician.

It was not until October 1980, however, that the board passed a formal motion (moved by Abby Hoffman and seconded by Jean-Guy Ouellette, both directors at that time) that the CTFA institute doping control at the national senior outdoor championships. In the summer of 1981 at the national championships in Regina, thirty-seven urine samples were tested for banned substances at the Edmonton laboratory which had been used at the 1978 Commonwealth Games.

After the implementation of in-competition testing by the CTFA in the summer of 1981, the organization began to formulate a more detailed antidoping policy, although at this time the organization's position appeared to be that Sport Canada was responsible for formulating a detailed policy. In November 1981 Thomas MacWilliam, the technical director of the CTFA and the staff person responsible for its doping control program, prepared a paper for the board entitled, "Recommendations Regarding Doping Control." The document was intended to be a discussion paper, and Mr MacWilliam testified that it was set out in a controversial way. The first recommendation was followed by three alternatives:

> Recommendation #1: "The CTFA Board of Directors take a firm and clear stand on the use of banned drugs as ergogenic aids by Canadian athletes and articulate this position clearly to its membership, the media and Sport Canada":
>
> Alternatives: (a) "The CTFA continue its present policy of proclaiming opposition to the use of drugs as ergogenic aids and doing occasional testing at championships (in reality turning a blind eye to their use, but providing no medical/scientific support for athletes, no information, pro or con, on their use)."
>
> (b) "The CTFA pursue excellence in the international arena at any price including full medical/scientific support of our athletes which would encompass a regular monitoring program for those athletes choosing to use drugs as an ergogenic aid to their training

programs, doing testing to screen athletes before international competition to make sure they are 'clean' before entering the international arena, supporting scientific research to make sure our athletes have access to the best aids available, etc. and vigorously pursue at the international level the lifting of the ban on drugs as ergogenic aids which are not health hazzard [sic]."

(c) "The CTFA declare its intention to be 'clean' of drug users and take the necessary steps to ensure that Canadian athletes are not using banned drugs as part of their training including: requiring carded athletes to undergo random testing throughout the year, testing all participants at all national championships, requiring any non-carded athletes named to teams to be tested, test at all international events in Canada for all banned drugs; bar any Canadian athlete caught using banned drugs from the CTFA for life; vigorously pursue at the international level similar steps to remove the use of drugs from sport."

It is the *opinion* of the Technical Director that the CTFA cannot afford, either financially or in another [sic] terms of the impact on the sport, to *action* either alternative (b) or (c). If one of these two alternatives is selected then the Association must vigorously pursue Sport Canada to adopt and support a similar policy. At the same time, the CTFA cannot afford to continue with alternative (a). It is time to come off the fence.

The implications of alternative (b) are the probability of a strong international backlash among the sporting world, a strong negative reaction from the Canadian public and considerable cost. This may be the necessary path to choose however if Sport Canada is going to continue to press for high level results in international competition, to make success internationally a major factor in determining financial support of associations, athletes and programs.

The implications of alternative (c) are even more striking: the costs of testing, the international backlash as far as competitions in Canada (although the Association will probably have lots of invitations to compete abroad unless testing is required as one of the conditions of CTFA participation); the resistance of athletes and the impact on Sport Canada support for the Association, athletes and programs, so long as Sport Canada sets success at the highest international level as its priority.

Mr MacWilliam testified that the paper was forwarded to the board for its consideration. While I accept without question that this document was circulated to the board as a controversial discussion paper and should be read in that light, I am struck by the suggestion in it that in 1981 the policy of the CTFA was characterized by Mr MacWilliam as "in reality turning a blind eye" to the use of banned drugs as ergogenic aids by Canadian athletes.

At the annual general meeting of the CTFA in June 1982 in Saskatoon, the organization approved its first detailed policy on doping. The policy contained a clear statement opposing doping and provided for the testing of athletes at the national championships "where feasible." The policy also stated that all CTFA-carded athletes and any non-carded athletes selected to national teams must submit to random (out-of-competition) testing.

The necessity for out-of-competition testing was therefore formally recognized by the CTFA as early as June 1982 and indeed it had been raised as a serious topic of discussion the previous year. As events subsequently unfolded, it took many years for the CTFA actually to implement a program of out-of-competition testing.

In 1982 the CTFA began to lobby Sport Canada for sufficient funds to implement its policy on doping. In that year Sport Canada provided the funds for the testing done at the national championships in Ottawa.

After the Pan American Games in the summer of 1983 and the revelations about the use of steroids, Sport Canada invited the CTFA to make a submission outlining its funding requirements for the remainder of the 1983–84 fiscal year in order to enforce its anti–drug use rules. According to Mr MacWilliam, the CTFA made such a submission and included a request for funding to do up to forty out-of-competition tests. Mr MacWilliam testified that Sport Canada, although approving most of the proposed requests for funding, failed to provide moneys specifically requested for out-of-competition testing.

The extent of funding provided by Sport Canada for the antidoping program of the CTFA has continued to be a matter of much discussion and negotiation between the two organizations. Little would be gained here from an historical analysis of those negotiations.

In response to the Sport Canada Policy on Drug Use and Doping Control in Sport announced in December 1983, the CTFA produced a detailed doping control policy and plan for 1985. In this plan, doping substances were defined as those listed in the IAAF rules. The penalty for a positive test was simply disqualification from a meet. Any person assisting an athlete to use doping substances would also be liable to "disciplinary action," although what this disciplinary action would be was not spelled out. Drug testing at all national championship competitions was recommended, as was testing a random selection of athletes, including one of the first, second, or third place finishers. As required by the Sport Canada policy, the plan also contained a proposed education program.

The plan contained the form of a carded athlete's agreement with the CTFA and obliged the athlete "to avoid use of banned drugs in contravention of the IAAF rules . . . and submit to dope control tests at competition or upon request of CTFA, CTFA appointee or Sport Medicine Council of Canada."

The plan also set out a program of drug testing for the 1985 season in Canada. It provided for 148 tests to be done at competitions and an additional sixty tests at three different training camps for sprinters, jumpers, and throwers. As it turned out, no drug testing took place at the jumpers' camp and the throwers' camp was not held. The sprinters' camp took place in Provo, Utah. Mr MacWilliam by this time had left his permanent position as technical director with the CTFA and was acting in a consulting capacity. As doping control coordinator, he went to Provo, Utah, to do the testing in accordance with the 1985 plan.

At Provo, a controversy erupted among the sprint coaches, including Charlie Francis, Brian McKinnon, Alex Gardiner, and Gerard Mach, the national team head coach, to the effect that they did not accept that testing could be done at a training camp because this constituted out-of-competition testing. Their expressed view was that testing could only be carried out in conjunction with a competition. They held this view even though it had apparently been the policy of the CTFA since 1982 to permit out-of-competition testing. The dispute was resolved by testing athletes who competed in what was described as a mini-competition during the training camp.

Whether or not the testing scheduled for the Provo training camp could be labelled out-of-competition testing, it is significant that in 1985 the program planned for drug testing by the CTFA did not contain any provision for short-notice random testing outside a purely competitive or a training camp environment where the athletes would expect testing to be carried out. It is also significant that drug testing was never again carried out at a CTFA training camp prior to the Seoul Olympics.

In the summer of 1985 the organization began to revise its original 1982 policy. This revised policy was presented to the board and approved in February 1986. The policy again favoured out-of-competition testing, although its position was less than perfectly articulated:

> Testing may be carried out on athletes described in section (g) at any time during the year at the discretion of the C.T.F.A. in accordance with an annual plan drawn up for testing at competitions and training sessions and submitted to Sport Canada.

The above wording does not appear to include provision for testing outside competition or training camp situations; however, the carded athletes' form of agreement at that time required an athlete to agree to out-of-competition testing. This provision in the athletes' form of agreement in my view represented CTFA policy at that time. Also, Sport Canada's policy of September 1985 clearly contemplated that a national sport organization such as the CTFA would be obligated to have an out-of-competition testing program.

In May 1986 Ole Sorensen, the manager of Sport Canada's antidoping program, wrote to Wilf Wedmann, then president of the CTFA, and said that he wanted to meet with him "at your earliest convenience to discuss the design of your proposed random testing program." Mr Sorensen's letter indicated that specific decisions were required on a number of matters, including the "selection procedures for athletes to be tested on random or 'short-notice' testing." According to Mr MacWilliam, at this stage Sport Canada was starting to press all sports to do out-of-competition testing, particularly sports with a history of a problem with steroids; track and field had such a history.

The policy approved by the board in February 1986 was ratified at the annual general meeting of the organization in June 1986. At a board meeting in September 1986, however, the out-of-competition part of the policy was "referred back to the committee to seek input from Branches, carded athletes, coaches, and Board of Directors."

Mr MacWilliam testified that at about the time the policy was referred back to committee by the board, he was in the association offices in Ottawa and asked Terry McKinty, the manager of domestic programs, where things stood in regard to out-of-competition testing. According to Mr MacWilliam, Mr McKinty responded as follows:

> And he indicated to me that the testing program was going to go back to committees for further study, that we were already the leaders in the world and we were too far out in front of everybody else, and that we weren't going to put our programs at risk. And the exchange got pretty heated because I was very frustrated.

Mr McKinty also testified at this Inquiry. He recalled the conversation but somewhat differently. He remembered being asked by Mr MacWilliam why the out-of-competition testing program was not proceeding. Mr McKinty said he replied that the president of the CTFA, Wilf Wedmann, had indicated that the CTFA was going back to various groups and committees for their help in developing the actual operational procedures necessary to institute the program. According to Mr McKinty, he suggested to Mr MacWilliam that Mr MacWilliam should more appropriately take up the issue with Mr Wedmann. Mr McKinty also said that he took exception to Mr MacWilliam's suggestion that the reason the program had been referred back to committee was in some way to prevent out-of-competition testing from taking place. According to Mr McKinty, Mr Wedmann wanted programs to be perfect before they were implemented and was extremely sensitive to the thoughts of others on this issue.

I heard similar evidence from Mr Wedmann and others in this regard. Mr MacWilliam could not recall Mr McKinty's suggestion that he speak to Mr Wedmann and, indeed, could not recall if he did speak to Mr Wedmann on this issue at that time.

I do not find it necessary to resolve whether Mr MacWilliam or Mr McKinty has the better recollection of their discussion. My concern is simply that the implementation of the out-of-competition testing program appears to have been delayed once again. This time the reason for delay does not appear credible to me. Although feedback was requested from carded athletes, coaches, provincial branches, committee members, and board members, there were only seven responses. While consultation is important, it was clear that by the fall of 1986 out-of-competition testing had been on the agenda for several years. The organization knew that out-of-competition testing was the only effective deterrent to the use of anabolic steroids. Indeed I accept the evidence of Mr MacWilliam to the following effect:

> we all recognized the fact, and had for a number of years, that the only effective way of catching athletes, if that is the intent of the program is to catch people or to really effectively deter their use, is to do out-of-competition testing. That's why we proposed out-of-competition testing as early as 1982 as part of our policy.

In my view, there was simply no reason at this stage to delay further the implementation of the out-of-competition testing program.

In May 1987 the World Symposium on Doping in Sport was sponsored by the International Athletic Foundation (an organization related to the IAAF) in Florence, Italy. Mr MacWilliam was scheduled to attend as part of the Canadian delegation, but he was dropped in favour of another representative. This resulted in Mr MacWilliam's discontinuing his work on behalf of the CTFA in the anti-doping area. He described his reason for leaving in the following way:

> And that basically was the straw that broke the camel's back as far as I was concerned with my involvement. I had been working very, you know, very diligently in this field since 1980 on behalf of the Association and this was the first major international conference. I felt very strongly that the knowledge that I had in terms of the system that we had developed in Canada, and the work that I had done warranted that I be one of the people [to] go to this symposium.

> And I took it as a slap in the face when I was dropped from the list of those attending. And at that point, I severed my connection with the CTFA anti-doping program.

The direct responsibility for the further development of the CTFA antidoping policy and, in particular, the implementation of the out-of-competition testing program fell to Bruce Savage, a Toronto lawyer and a track and field enthusiast, who had held various organizational positions at the club and provincial level before joining the CTFA board in June 1986.

Mr Savage supported the objective of effective out-of-competition testing, but was determined that it be implemented through a full set of procedures which were clearly understood and accepted by the board, the athletes, and the coaches. He was also concerned that the procedures should take account of almost every eventuality. While his dedication was admirable, it may well have provided, at least in the short term, a further delay in actually implementing out-of-competition testing.

Mr Savage was one of three Canadian representatives at the world symposium in Florence in May 1987. After that meeting he suggested to the CTFA board that they set up a committee to deal with the implementation of out-of-competition testing. The board accepted his proposal and in August 1987 appointed the Banned Substance Solutions and Education Committee. The committee held its first meeting in October and Mr Savage was elected chairman (the committee became known as the Savage committee). It is interesting to note that the one athlete representative on the committee is recorded in the minutes of the first meeting as stating:

> he does not agree with non-competition testing especially if other countries are not doing it. He feels that it imposes on the athletes' rights. [He] also reiterated that if a "full" doping solution program is not in place, we should not continue to implement the "policing" side of the program.

On November 13, 1987, Mr Savage attended a meeting of athletes' representatives in Toronto to discuss the out-of-competition testing program. Although certain concerns were expressed about athletes' rights, there was a recognition that out-of-competition testing was going to be implemented and also a willingness on the part of the athletes to cooperate.

At a meeting of the board of the CTFA on December 17, 1987, the detailed procedure developed by the Savage committee was approved. The pool of athletes covered by this program was to include all members of a national team, including junior, senior, and espoir teams. Any carded athlete was defined as a member of a national team. The pool represented approximately 200 to 250 athletes.

The out-of-competition testing program which was submitted to Sport Canada by the CTFA in January 1988 provided for fifteen tests to be carried out, three in each of the months of April, May, June, July, and August. Thirty-nine further tests were projected for the period September 1988 to March 1989. The number of in-competition tests projected for April 1, 1988, to March 1, 1989, was well over 200. This, in my view, represents an inappropriate balance between the two kinds of tests.

Out-of-competition testing did not commence on April 1, 1988. According to Mr Savage, a principal reason was the fact that by April 1 no national team member had yet been named and, therefore, there was not the anticipated pool of

200 to 250 athletes. There were, however, approximately ninety carded athletes who, in my opinion, represented more than enough to commence what was a very modest out-of-competition testing program. As it turned out, the CTFA did not implement out-of-competition testing prior to the Seoul Olympics.

The record of the CTFA on developing and implementing its antidoping policy up to the Seoul Olympics is characterized by a tendency to philosophize, discuss, and delay. This is both striking and disappointing when one considers the many warning signs about the increased use of performance-enhancing drugs and, in particular, anabolic steroids during the last decade.

While it is true that some well-intentioned individuals within the CTFA were concerned about the issue of drugs and cheating, they appear to have been voices crying in the wilderness. Indeed I am satisfied that what impetus there was for the implementation of an effective antidoping program which included out-of-competition testing came in large part from Sport Canada. The CTFA did not give the priority to this issue that was clearly required in light of the information it had. This is apparent from the minutes of the Athletes Council meeting in February 1988 in Windsor, Ontario. The minutes note the report on the banned substance policy:

> At the meeting of the CTFA Board of Directors in Ottawa in December, 1987, the Board approved the Doping Control Procedure Proposal for Competition and Non-Competition testing. Non-Competition Testing is due to be implemented on April 1, 1988.
>
> The proposal arose largely in response to pressure exerted on national sports federations by Sport Canada and the Department of Fitness and Amateur Sport to address the use of performance enhancing substances by athletes . . .

> While everyone wishes that resources did not have to be spent in this unproductive manner, random testing is in and was inevitable given the pressure coming from Sport Canada.

It appears, however, that this pressure from Sport Canada came considerably later than the enunciation of its antidoping policy in 1983. The CTFA doping policy following Seoul is detailed later in this report.

8

The Throwing Events

In any examination of the use of performance-enhancing substances, the throwers deserve special attention. This group of elite athletes who compete internationally in the events of shot put, discus, hammer, and javelin is small. Its members know and trust one another. One of the bonds of camaraderie is the use of banned substances over long periods and at extreme dosages.

Canadian throwers are typical among international competitors. The senior members of the sport, such as Bishop Dolegiewicz and Bruce Pirnie, followed the example of their U.S. counterparts and began steroid programs early in their careers. Younger throwers coming up in the ranks, such as Rob Gray, Peter Dajia, and Mike Spiritoso, then followed suit. It should be noted that none of these five athletes now uses drugs and two actively oppose their use.

Both Mr Dolegiewicz and Mr Pirnie indicated that significant performance gains were made in men's shot put in the late 1960s and early 1970s. There were no significant changes in training methods at this time to account for the increase in distances being achieved. According to Messrs Dolegiewicz and Pirnie, the explanation was, very simply, steroids. The world record for the men's shot set in 1988 was 23.06 metres. It is commonly believed by those in the throwing community that it is extremely difficult to put the shot more than 20 metres without the use of steroids. The similar performance breakthroughs in women's shot that have taken place in the 1980s are likely attributable to steroids.

One negative effect of a steroid-driven world record is that it makes it difficult for a clean thrower to get carded under the Sport Canada carding system. In 1989 there were only six carded throwers in Canada: two male javelin throwers, one female javelin thrower, one female discus thrower, one male discus thrower, and one male shot putter. In 1989 the number two and number three shot putters in Canada, Lorne Hilton and Kevin Palmer, were not carded. The national hammer champion has never been carded.

Bruce Pirnie

Canadian throwers were taking steroids in the 1970s, during the period of breakthrough in men's shot. Bruce Pirnie, now a coach in throws at the national training centre at the University of Manitoba, was a competitive shot putter in the late 1960s and the 1970s. He learned about steroids from U.S. athletes around 1970 and used them himself initially to prepare for the 1972 Olympic Games in Munich. He obtained his first drugs from a U.S. hammer thrower and later on by prescription from a team doctor and another physician. Thereafter he continued to take steroids off and on until 1979. Although noting strength and weight gains, Mr Pirnie stopped taking steroids when he became concerned about the effect they were having on his health.

When he went to the University of Manitoba in 1984, he was asked about his stance on drugs. He indicated that the rules of the game had changed since his competitive days; he was now opposed to the use of drugs and would not tolerate it in the athletes he coached. With his own athletes, Mr Pirnie has to stress personal achievement and satisfaction as worthy goals rather than world records because, he believes, record performances at the current level are unlikely without steroids.

As part of his coaching duties Mr Pirnie is involved in a number of programs at the university dealing with drug abuse, in which he stresses that the use of banned substances is cheating. He also participates in a program in Manitoba high schools that educates students about drugs.

Bishop Dolegiewicz

Bishop Dolegiewicz's name surfaced early in the Inquiry from other track and field witnesses. He was described as someone with a fund of knowledge on performance-enhancing substances and a ready supply of drugs to sell. He was characterized as someone who would readily share with his fellow athletes his knowledge and expertise about specific drugs, the cycling of drugs, their side effects, and other such matters.

Mr Dolegiewicz competed in shot put and discus in the 1970s and early 1980s, ranking among the top in the world in these two events. Since his retirement in the mid-1980s, he has been involved in coaching field events. He is currently the throws coach at the high-performance centre at the University of Saskatchewan.

Mr Dolegiewicz was first introduced to steroids by U.S. athletes when he attended university in Texas in the early 1970s. It soon became his view that steroids were used by the majority of, if not all, elite throwers, both in the United States and internationally, at major competitions such as the Pan American Games, the world championships, and the Olympics. He embarked on a steroid program himself in the 1970s and continued on steroids, off and on, until his retirement in 1985. The number and extent of injuries he was suffering, which he attributed to overtraining as a result of steroids, had become a cause of increasing concern.

During the period of his active competition, Mr Dolegiewicz was a resource on drug information for other athletes. He knew Charlie Francis and was one of the initial sources of supply of steroids to Mr Francis for use by his sprinters. From time to time Mr Dolegiewicz also provided Mr Francis with advice about specific drugs; for example, in 1982 he advised that Winstrol was to be preferred over Dianabol because it was milder. As well, Mr Dolegiewicz assisted athletes such as Angella Issajenko with the structuring of their steroid cycles, and on occasion he administered injections of steroids.

Mr Dolegiewicz was also a source for the younger throwers. He discussed various steroid regimes with the throwers and on occasion supplied and administered steroids to such throwers as Rob Gray and Mike Spiritoso. He resolutely discarded this role when he retired.

As a coach, Mr Dolegiewicz is an active opponent of drugs. He was one of the founders of Top Form, a track and field club that requires all its members to be clean and to undertake voluntarily an active role in educating other athletes and the community against the use of drugs in sport.

Rob Gray, Peter Dajia, and Mike Spiritoso

Of all throwers, the Canadian public is probably best-acquainted with three — Rob Gray, Peter Dajia, and Mike Spiritoso — who received much publicity as a result of their positive tests for steroids in 1986 and the subsequent court challenge and appeals related to these tests.

Mr Gray was a discus thrower who, from 1978 to 1986, was a member of Canada's national team. He competed in the national championships in 1988. Mr Dajia also competed in the shot put in the Canadian national championships in 1988. Mr Spiritoso was an active competitor in shot put during the 1980s.

All three are admitted steroid users. Mr Gray began taking steroids in 1977, when he was a freshman at Southern Methodist University in the United States. He obtained his steroids from other athletes until 1984, when, at the suggestion of Charlie Francis, he became a patient of Dr Astaphan. Mr Dajia started on steroids at the age of nineteen, in 1983. His first source of supply was Mr Dolegiewicz. He also obtained steroids from other athletes and from physicians, including Dr Astaphan. Mr Spiritoso first became involved with steroids when he was studying in the United States in 1982. Steroids were prevalent among U.S. throwers at the intercollegiate level during the mid to late 1980s. The college throwers were described as an extremely social group who would sit down and talk after competition. Steroids were a common topic.

At the June 1986 national championships, Messrs Gray, Dajia, and Spiritoso tested positive for 19-nortestosterone, while Messrs Dajia and Spiritoso tested positive for excess testosterone. They were suspended from competition. At that time the penalty for a first steroid offence under the IAAF rules, which were followed by the CTFA and OTFA, was automatic lifetime suspension, with the right to apply for reinstatement after eighteen months.

All three athletes launched appeals through the OTFA. In addition, Mr Gray commenced a court application in the Supreme Court of Ontario, in which he sought an injunction to set aside his suspension so he could compete in the Commonwealth Games.

The appeal through the OTFA appeals procedure provides some insight into the response of athletes who test positive. The throwers were confused about what their appeal rights actually were and to whom they should appeal — the OTFA or the CTFA. Mr Gray, who had legal training, in December 1986 represented himself and the other two throwers at a lengthy hearing before an OTFA investigative committee chaired by Bruce Savage. The athletes themselves took the position that they could not have tested positive for 19-nortestosterone because they did not believe they had taken any drug that would produce a positive result for 19-nortestosterone. They attempted to secure the actual quantitative test results and raw data at the hearing so they could have them independently verified, but were unable to do so. Their appeal was dismissed.

In 1987 the Canadian Olympic Association held a hearing to determine what penalties it would impose on the three throwers in addition to those already imposed by IAAF rules. The COA determined that the athletes would not be eligible to participate as members of any Canadian sport team falling under COA jurisdiction for the Olympic quadrennial 1984 to 1988. This restriction prevented the athletes from participating in the 1987 Pan American Games and the 1988 Olympics.

The three athletes were also subject to penalty by Sport Canada for their infractions. Sport Canada imposed a lifetime ban on federal funding for these athletes. This penalty, however, was overlooked by the throwers as well as by CTFA officials, who led the three to believe they could successfully apply for reinstatement to the IAAF after eighteen months of suspension. Accordingly, the CTFA agreed to forward the reinstatement application for all three athletes to the IAAF if they passed a urine test at their own expense and agreed to participate in an out-of-competition testing program for two years. Mr Gray and Mr Dajia agreed to these conditions. Mr Spiritoso declined, since he had retired from track and field and no longer wished reinstatement. After some delays, both Mr Gray and Mr Dajia were reinstated in July 1988.

Both athletes participated in the Canadian national championships in August 1988. Mr Dajia performed well and expected that he would be named to the Canadian national team, which was to tour Europe shortly thereafter. It was then that he was advised by Paul Dupré that Sport Canada would cut funding to the CTFA if any of the three athletes were put on a national team, since Sport Canada had imposed a lifetime ban on eligibility for direct and indirect funding of athletes testing positive for steroid offences. The effect of this ban was to prevent athletes from ever competing internationally for Canada. The only relief from such suspension was a direct appeal to the minister of state for fitness and amateur sport, then the Honourable Jean J. Charest. Mr Gray and Mr Dajia appealed to the minister, and their appeals were denied.

It is evident from the above that anabolic steroids have been an integral part of the training programs of the great majority of those who compete in the throwing events at the elite level, both nationally and internationally. As well, the experiences of Messrs Gray, Dajia, and Spiritoso have raised two other important issues. The first concerns the nature of the procedural safeguards which exist to ensure that any review or appeal of a positive drug test is conducted in a fair manner and with full disclosure. The second issue concerns multiplicity of penalties and what role Sport Canada should play in the penalty process. I will have more to say about these issues later in this report.

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Canada's Olympic Sprint Team, 1988

Included among the athletes selected to represent Canada at the 1988 Olympic Games in Seoul were Ben Johnson, Angella Issajenko, Desai Williams, and Mark McKoy. Because of their past performances, they were the sprint team members of whom most was expected. Their coach was Charlie Francis; their physician, George Mario (Jamie) Astaphan; and their massage therapist, Waldemar Matuszewski.

The premier event for the 1988 Olympics was the 100 metre sprint. Mr Johnson came first and, in doing so, broke his previous world record for that event and was awarded the gold medal. He was subsequently disqualified when metabolites of stanozolol were discovered in the urine sample he submitted following the competition. The details of his disqualification and the events which led up to it will be dealt with later in this report.

Once Mr Johnson's entourage had returned to Toronto from Seoul, and before the appointment of this Commission, Dr Astaphan appeared on television to say categorically that Mr Johnson had never been given anabolic steroids. Mr Johnson on more than one occasion denied ever having taken any banned substance and denied ever knowingly having done so. Mr Francis also publicly stated that Mr Johnson had not taken stanozolol. All these events will be described in detail later in this report.

Thus, at the commencement of the investigation leading up to the public hearings of this Inquiry, the only fact available to the Commission of the use of anabolic steroids by any member of Canada's Olympic sprint team was the disqualification of Mr Johnson for the use of steroids. The validity of this disqualification was subsequently put in issue by Mr Johnson, Dr Astaphan, and Mr Francis.

Although there had been rumours for many years impugning the integrity of Mr Francis's training methods and suspicions that his athletes were using steroids to improve their performance, such allegations were met with vehement denials from all concerned. For many years there had been what has been described as "a conspiracy of silence" and, indeed, as Ms Issajenko stated, "but for the inquiry the truth would never have been discovered and the athletes would have gone to their graves with their secret." During the preliminary investigations and interviews preceding the public hearings, the staff of the Commission were confronted with this silence.

It is doubtful whether the other members of the conspiracy, who subsequently testified about their own involvement with the use of performance-enhancing substances, would have done so if Mr Francis and Ms Issajenko had continued their past practice of denials. Fortunately, after consultation with their own lawyers and Commission counsel, Mr Francis and Ms Issajenko decided that it was timely to tell their full story and to assist the Commission in ferreting out all the facts.

The order of witnesses to be called during the sessions dealing with track and field was discussed with counsel for the witnesses, and, at the request of counsel for Mr Johnson, it was agreed that he would be called last. Consistent with the practice of the Commission, full disclosure was made to counsel for witnesses yet to be heard on the results of investigations being undertaken by Commission staff and the evidence it was expected would be led. In that way, counsel for the witnesses were armed in advance with what might be said about their clients by the witnesses who preceded them.

Mr Francis was the first witness called in this phase of the Inquiry and he testified for eight days. He was subjected, as were others, to a rigorous cross-examination, particularly by counsel for Mr Johnson. In the end, there was very little evidence contradicting Mr Francis's testimony concerning the facts on most major issues. In some areas his evidence conflicted with that given by others, and I will deal with these conflicts in the appropriate sections of this report.

Much of Mr Francis's evidence was also an expression of opinion, which I am satisfied he honestly held. This opinion related to the extent of use of anabolic steroids in international competition as well as nationally, and the knowledge of the extent of such use, in national and international sports federations. Although this evidence prompted immediate denials in Canada and elsewhere through the media, many of these matters were subsequently confirmed in testimony before the Commission, in evidence given elsewhere, and in subsequent media reports. In some respects, Mr Francis's opinions were incapable of being substantiated.

Both Mr Francis and Ms Issajenko, along with their counsel, cooperated fully with Commission counsel and staff. Mr Francis and Ms Issajenko encouraged other athletes to come forward to assist the Commission and it is largely due to their cooperation that many other athletes testified about their involvement in a steroid program. They helped the Commission to identify other witnesses to call and other individuals in Canada and elsewhere to interview. It was impossible to call every person who had some knowledge of the extent of use of anabolic steroids in national and international competition, but, as a result of those interviews, considerable helpful background information was provided to the Commission.

THE COACH, CHARLIE FRANCIS

Over the last two decades, Mr Francis has been one of the dominant people in track and field. His track and field career began when he was a teenager in Toronto with the Don Mills Track Club. He was the national champion for the 100 yard and 220 yard events at the juvenile, junior, and senior levels. In 1971 he was fifth on the world list in the 100 metres, with a personal best time of 10.1 seconds. He attended Stanford University in California on a track scholarship between 1967 and 1971, and was a member of the Canadian Olympic team for the 1972 games in Munich. He retired as an athlete in 1974.

Mr Francis's coaching career began in the summer of 1976 when he began as a part-time volunteer at the Scarborough Optimist Track and Field Club. After June 1978 he devoted himself to coaching track full time, but still as a volunteer. In order to make this career change, he refinanced a car and moved out of his apartment into his parents' house. It was not until 1981 that Mr Francis first received a salary for his work as a full-time track coach at the Metropolitan Toronto Track and Field Centre (high-performance centre) located at York University.

The Scarborough Optimist Track and Field Club played a significant role in Mr Francis's coaching career and the careers of his athletes. It was there that Mr Francis met Ross Earl, the founder of the club. Mr Francis and Mr Earl worked together, with Mr Francis providing the coaching skills and Mr Earl devoting much of his efforts to fund-raising and assisting individual athletes in a multitude of ways. In addition, Mr Earl also did some coaching.

During the early period of Mr Francis's coaching years, both he and Mr Earl worked tirelessly to obtain the best for their athletes by way of equipment, training facilities, and competitions. Often some of these athletes were so impecunious that Mr Francis used his own funds to finance their personal expenses. It was not uncommon for Mr Francis to provide a place to stay in his own apartment for athletes from outside Toronto who came to train with him. He would also provide his athletes with money to pay the rent and buy groceries.

On trips out of town for competition and training, many of the athletes were unable to provide their own expense money. One striking example was when Mr Francis learned on a trip to Montreal that Mr Johnson and his brother Edward had six dollars between them to buy food for the weekend. On other trips, Mr Francis asked his athletes to turn over their spending money to him for safekeeping. They were instructed to bring the money to him in envelopes to save any potential embarrassment. On occasion, a number of the envelopes when opened were empty. No athlete was turned away, since Mr Francis would use his own money to ensure that everyone made the trip.

It was conceded by all witnesses that Mr Francis was devoted to his athletes to the point where no sacrifice by him in favour of his group was too much to make. In return, Mr Francis received intense loyalty from most of the athletes, who admired, respected, and in some cases revered him.

There were others, however, who did not always "hit it off" with Mr Francis. Just as Mr Francis attracted intense loyalty and respect, there were some athletes and, indeed, others in track and field who did not hold him in the same high regard. In short, Mr Francis was a controversial figure in the track and field world. Those who agreed with him did so in the extreme, and those who did not were often highly critical of him.

One view that appears to be universally held is that Mr Francis is an excellent track coach. His knowledge and technical expertise in regard to sprint events at least equals that of any other person in Canada or elsewhere. His knowledge of the history and current state of the sport is encyclopedic. His technical expertise was attested to by several athletes and coaches who appeared as witnesses before this Inquiry.

When Mr Francis began coaching in the summer of 1976, he was involved with a handful of unknown young athletes. By 1980 athletes who were coached by Mr Francis and who qualified for the Canadian Olympic team included Charmaine Crooks, Angella Issajenko, Ben Johnson, Molly Killingbeck, Mark McKoy, Marv Nash, Tony Sharpe, and Desai Williams. This group did not compete in the 1980 Olympics, however, because of the Moscow boycott. In subsequent games in 1984 and 1988, most of the Canadian sprinters were coached by Mr Francis.

Mr Francis first heard of the use of anabolic steroids while he was a college student in the United States in the late 1960s and early 1970s. He told the Inquiry that, at that time, talk about steroid use among athletes who competed in the shot put and discus events was common. While at the Munich Olympics in 1972 he became aware of and, indeed, observed the presence of steroids at those games. It was at the Munich Olympics that he learned that steroids had a beneficial effect on the performance of sprinters.

In the circles in which Mr Francis moved, he became increasingly aware that the use of anabolic steroids by world-class athletes was becoming a significant factor in international competition. He began to consider using steroids himself and did so at the end of his career.

As Mr Francis moved around the international competitive scene as a coach, his knowledge of the use of anabolic steroids increased. In 1979, while in Europe, a Canadian athlete told him that his British wife, who had been an Olympic finalist in the 100 metres, had been on a steroid regime of 35 mg per day. At about the same time, a former world-record holder in the shot put from the United States said it was obvious to him that Mr Francis's athletes were not on steroids and, because of that, their U.S. competitors were leaving them behind. He asked Mr Francis when he was going to tell his athletes the "facts of life." Mr Francis had many conversations about steroids with other coaches and athletes who competed at the world level.

Mr Francis became an avid student of training methods and procedures as well as of performance. After considering the dramatic increase in the performance of sprinters over the last several years, he concluded that such performances could not have been achieved by increased athletic ability or improved training practices but only by the athletes having been aided by use of steroids. He believed that the majority of world records broken in sprint events in recent years were achieved by athletes who were on steroids and that the dramatic improvement of their performance could only be explained in that way. In his opinion, in order to compete successfully against those athletes at the very top level, an athlete had to take steroids.

He recognized that the use of steroids posed a number of ethical problems because the athletes who were taking them had an advantage over those who were not, both nationally and internationally. He salved his conscience by concluding that the use of steroids was widespread at both levels.

Mr Francis made an intensive study of anabolic steroids and demonstrated an extensive knowledge about them. He knew the components of the various steroids available which were said to improve athletic performance, their advantages and disadvantages, and when, in his opinion, they could or could not be combined ("stacked") with other drugs. He studied the clearance times which were vital for him to know so that the use of steroids would not be detected when the athletes were tested at competitions. Indeed, from his evidence, it would be easy to assume that he had a degree in pharmacology. In some circles he had the nickname "Charlie the chemist."

He held the opinion, from information he had obtained from certain physicians, that there would be no serious side effects to the health of his athletes who were taking steroids if the drugs were administered in limited dosages over a short period of time. He passed that opinion on to his athletes. Mr Francis arranged for many of his athletes to visit a physician and discuss the pros and cons of a steroid program before they embarked on it, and many of his athletes who were taking steroids consulted a physician while doing so.

Mr Francis believed that anabolic steroids were an aid to training but not a substitute for hard work, and athletes could only improve their performance if anabolic steroids were administered in conjunction with a vigorous training program. They were not the type of drug taken on the day of a race. His program was designed with the intention that the athletes would not have any steroids left in their systems at the time of competition.

Mr Francis acknowledged that he had encouraged many of his athletes to embark on a steroid program and had aided them in doing so. He had also assisted them in obtaining steroids and frequently supplied steroids to the athletes. To use his language, steroids were the "icing on the cake," but it was necessary first to have the cake — the cake being the athlete's own natural ability, dedication, and determination.

Many of the athletes trained by Mr Francis were not on steroids. In some cases he did not recommend the use of steroids for them, and, in others, the athletes did not follow his recommendation and refused to go on a steroid program.

In his testimony, Mr Francis did not shirk from his responsibility for encouraging and aiding many of his athletes to cheat and he accepted responsibility for doing so. However, he insisted that the ultimate decision to embark on a steroid program was made by each individual athlete and, in that respect, his evidence was confirmed by athletes he trained who admitted participating at one time or another in a steroid program. They all agreed that in the end the decision to engage in a steroid program was their own.

Mr Francis's role in the events leading up to the Seoul Olympics will be considered later in this report, along with my assessment of his conduct.

ANGELLA TAYLOR ISSAJENKO

Angella Taylor Issajenko was the first athlete called in the track and field phase of the Inquiry. She was a particularly impressive witness. She was articulate, forthright, fair, and truthful. Her cooperation and testimony were invaluable to the work of this Commission.

She was born in Jamaica in 1958, came to Canada in 1975, and attended Parkdale Collegiate in Toronto where she completed grade 13 in 1979. She started her track career as a member of the Parkdale Collegiate track team and won the Ontario high school 100 metre title in 1977. In 1978 she joined the Scarborough Optimist Track and Field Club where she was coached by Mr Francis. In that year she qualified for the Canadian Commonwealth Games team in the 200 metres.

Ms Issajenko was an outstanding athlete from the beginning of her career. In 1979, her first full competitive season, she established new Canadian records for the 200 metres and 50 metres indoors. In the same year she won the bronze medal in the 200 metres in the Pan American Games. She came first in the Canadian national championships in both the 100 and 200 metre events. She placed fifth in both the 100 and 200 metre events in World Cup competitions and, by the end of that year, she ranked seventh in the world in the 100 metres and eighth in the 200 metres.

Notwithstanding her outstanding success, however, when she ran fifth in the World Cup championships in both the 100 and 200 metres, her performances were described in the Canadian media as a major disappointment. This made her very discouraged and, as she testified, "at that moment I decided . . . that the Canadian championship was not good enough, it didn't mean anything and that the next year I should go out there and get the world."

It was approximately at this time that she and Mr Francis discussed the prospect of a steroid program for her. They examined the performances of others with whom she competed and the times set by them, and concluded that the current results on the international level and for the previous few years could not be attributed to the athletes' own natural ability or to improved training, facilities, and equipment. She was convinced that the results obtained by them must have been achieved through the use of steroids.

Ms Issajenko believed that she had the potential to be the best in the world and was determined to achieve it. The 1980 Olympics were coming up and she thought that if she went on an anabolic steroid program she would have the extra edge she needed.

On Mr Francis's suggestion, Ms Issajenko visited Dr Gunther Koch, a physician practising in Toronto, for matters related to her general health. In June 1979 Ms Issajenko, along with Mr Francis, discussed the use of anabolic steroids with Dr Koch. He advised her that he was uncertain whether anabolic steroids did enhance athletic performance but, taken in moderate dosages over a short period of time, the side effects would be minimal. Dr Koch prescribed Dianabol tablets, which he testified were for the purpose of improving her haemoglobin level. Ms Issajenko, however, believed that she had received the Dianabol prescription solely for performance enhancement. I accept Ms Issajenko's evidence that she obtained the Dianabol prescription as an aid to her athletic training program.

Dr Koch provided Ms Issajenko with one of his old copies of the *Compendium of Pharmaceuticals and Specialties*, a leading reference on a wide range of drugs. Ms Issajenko consulted the CPS on a regular basis throughout her athletic career. Indeed, much like her coach Mr Francis, she acquired considerable knowledge of the use of a number of drugs and their effects on the human body, and became quite expert on the subject.

Ms Issajenko was the first of the athletes coached by Mr Francis to use steroids. Throughout the next nine years, apart from time off for the birth of her daughter, she consistently included anabolic steroids of many varieties in her training program.

In June and July 1980 Dr Koch administered three injections of Depo-Testosterone to Ms Issajenko. He had previously given her an injection of that drug for reasons unrelated to athletic performance. Dr Koch admitted, however, that there was no medical reason for the injections given in June and July 1980, and that he administered them because she requested them. Following those injections, Dr Koch stopped giving steroids to Ms Issajenko. Indeed, his role in this regard appears to have been relatively minor and only for a short period of time.

Some of the drugs used by Ms Issajenko in the early years were obtained from Mr Francis who, in turn, had obtained them from Bishop Dolegiewicz, a well-known Canadian thrower. Mr Dolegiewicz became a significant source of steroid supply for many track and field athletes, including the Francis group, during the 1980s.

Ms Issajenko testified that in 1981 she obtained the anabolic steroid, Anavar, from Brian Oldfield, a U.S. shot putter. According to her evidence, he also injected her with a mixture of Primobolan, Deca-Durabolin, and testosterone. In August 1981 she received an injection of testosterone propionate from Bishop Dolegiewicz. On several occasions, she received other injections from him too.

In the fall of 1983 she visited Dr Robert Kerr of San Gabriel, California. He was often referred to as the "steroid guru" and had an extensive practice principally involving U.S. athletes. Following consultation with Dr Kerr, she received a drug program which included Anavar, growth hormone, and L-dopa, which was believed to increase the uptake of growth hormone.

In the fall of 1983 Mr Francis and Ms Issajenko were introduced through a chiropractor to Dr Jamie Astaphan, a medical practitioner in Ontario. She sought Dr Astaphan's advice on the program which had been recommended for her by Dr Kerr. At that time Dr Astaphan knew very little about steroids, but, after meeting Ms Issajenko, he read Dr Kerr's book, *The Practical Use of Anabolic Steroids with Athletes*. From that time on, Dr Astaphan developed an intense interest in the use of performance-enhancing drugs. This introduction marked the beginning of Dr Astaphan's involvement as physician to the Francis group of athletes, as their adviser on their use of performance-enhancing drugs and as one of their principal suppliers. Ms Issajenko's steroid program for the years 1983–88 was developed jointly by Dr Astaphan and Mr Francis as well as by herself.

Throughout the 1980s Ms Issajenko continued to excel as a sprinter. By 1982 she was ranked fourth in the world in the 100 metres by *Track and Field News*. She was similarly ranked in 1987. Ms Issajenko was consistently the Canadian champion in both the 100 metres and 200 metres during the 1980s and in that time she set Canadian, Commonwealth, and world records in a variety of sprinting events ranging from 50 metres to 400 metres.

It would be unfair to attribute her success solely to her use of steroids, although there can be no doubt that her performance was enhanced by them. I do not think that anyone trained harder or dedicated herself more to achieving her goal of being world champion than Ms Issajenko. If anything, she overtrained.

She kept a daily diary which detailed every step in her training program, including those occasions when she took steroids and her sources of supply. There is no reason to question the accuracy of what appears in her diary.

In her testimony, she spoke freely and frankly of her own steroid use and of the use of steroids by certain of the other athletes trained by Mr Francis. They became a clandestine, closely knit group, each of whom appeared to be seeking help from the others. Ms Issajenko became the confidante of most of them. She described, in vivid terms, the conspiracy of silence they all agreed upon and in which any suggestion that they were cheating was met with a vehement denial. "Deny, deny, deny" was how she described their code of silence.

Ms Issajenko decided that she should cooperate with the Commission and tell the truth, and encourage others to follow suit. By doing so, she hoped that she would contribute to the elimination of drugs in sport. While being examined by her counsel, Mr O'Connor, the following exchange took place:

> Q. And as a last question, Ms. Issajenko, what do you hope, if you feel like commenting on it, will come from this exercise in which you are a participant and from the inquiry as a whole?
>
> A. I certainly hope that other countries will follow suit and address the problem of doping . . . because of what's happening here, because of what's going on in Canada, that the IOC and the IAAF will really start taking more of an interest in the problem of doping because if they do not respond, it's hopeless. They will never get rid of doping in sports. We will clean it up in some countries, and then unfortunately those countries will be at a disadvantage.

She was very fond of Ben Johnson, she admired him, and held him in awe. Her feelings are illustrated in this exchange between Mr O'Connor and herself:

> Q. And the Commissioner referred yesterday in your diary to the note about on September 26th after Ben Johnson had won the gold medal where you said, "Fantastic. Ben's outrageous. Now he's set for life." I take it it was a spontaneous feeling, how you felt about it?
>
> A. I always wrote his times, and not only Ben. I wasn't the only one who sort of held Ben in awe or hold him in awe. Everybody around him. Everybody in the group did.

When she returned to Toronto from Seoul, however, she became very upset with Mr Johnson's public denials of his use of steroids and particularly with what appeared to her to be a determination on his part to blame Mr Francis and Dr Astaphan for what had happened to him. She thought it was unfair for him to suggest that Mr Francis and Dr Astaphan would have administered steroids to him without his knowledge. In a dramatic episode during her testimony, while in tears, she commented:

> Then I had seen the report in the paper where Ben said he — I did not knowingly take an anabolic steroid and I came to the conclusion that B.J. was going to lay the blame on Charlie and Jamie. And this could not be because I felt at the time that when someone has been very good to you, someone has done you a good turn, that has been responsible for making you great, then you shouldn't turn against people like that.

I cannot help but feel that these public statements made by Mr Johnson were additional motivating factors which led Ms Issajenko to tell the whole story.

THE PHYSICIAN, DR JAMIE ASTAPHAN

Dr Astaphan is from the island of St Kitts in the eastern Caribbean. He studied at Sir George Williams University in Montreal, where he received a BSc degree in 1967, and at the University of Toronto, from which he graduated with his MD in 1971. After an internship at the Scarborough General Hospital in Ontario, he worked as the district medical officer in St Kitts for about a year, followed by a short period of general practice in South Dakota. Between 1974 and 1981 he carried on a general practice in Warkworth, Ontario. He went back to St Kitts for a two-year period in 1981 as medical officer of health on the island. Between 1983 and 1986 he had a general practice in Toronto.

From the fall of 1983 to the fall of 1986, while practising in Toronto, he became a physician for many of the athletes trained by Mr Francis, including Ms Issajenko and Mr Johnson. In the fall of 1986 he returned to St Kitts, where he lived and practised medicine. However, from that time until the fall of 1988, he frequently visited Toronto and attended on Mr Francis's athletes, was in touch with Mr Francis constantly, and travelled with his track team while they participated in track meets in Europe, including the world championships in Rome in 1987 and the Seoul Olympics in 1988. He became an important member of the entourage that surrounded Mr Johnson in the years leading up to the Olympics in Seoul.

Following Mr Johnson's disqualification, Dr Astaphan returned to Toronto from Seoul. Shortly afterwards, he was interviewed on the CBC television program, "The Journal." During that interview, he asserted that he did not administer anabolic steroids to Mr Johnson at any time.

Dr Astaphan returned to St Kitts. From there, and through the media, he made many contradictory statements with respect to his attendance as a witness before the Inquiry, suggesting that he would not attend voluntarily, or, in the alternative, would do so only if certain financial conditions were met. No such conditions were acceptable. As a witness, Dr Astaphan would be treated the same as any other witness.

As a result of the investigation by Commission staff and counsel, and before Dr Astaphan eventually testified, the Commission had ample evidence of Dr Astaphan's participation in prescribing and administering anabolic steroids to many of Mr Francis's group of athletes and to others. Commission counsel thought it was appropriate that if Dr Astaphan was not willing to appear voluntarily, an effort should be made to obtain his testimony by way of commission evidence in St Kitts.

An application was made to the Supreme Court of Ontario for an order seeking the assistance of the authorities in St Kitts to compel Dr Astaphan to testify there. In the preliminary proceedings leading up to the return of the motion, counsel for Dr Astaphan advised Commission counsel that there would be no need for such an order since Dr Astaphan was prepared to come to Toronto to testify voluntarily and unconditionally. On the return of the motion before the Chief Justice of the High Court, the court was advised, in the presence of Dr Astaphan's counsel and with his full agreement, that Dr Astaphan had promised to appear before the Commission on an unconditional basis. Pursuant to such an agreement, the motion seeking to compel him to testify in St Kitts was adjourned and was to be brought on again only if Dr Astaphan failed to comply with his promise.

With the cooperation of counsel for Dr Astaphan, Commission counsel attended in St Kitts in order to interview Dr Astaphan in preparation for his testimony. And, subsequently, he did testify at the Inquiry in Toronto. In his evidence, Dr Astaphan confirmed, in a large measure, the testimony of other witnesses who had preceded him about his involvement in designing a steroid program for athletes and administering and supplying anabolic steroids to them.

As has been previously noted, Mr Francis and Ms Issajenko visited his office in Toronto in the fall of 1983. After the first meeting, Ms Issajenko and Mr Francis fully disclosed to Dr Astaphan the steroid program in which she was engaged. Ms Issajenko also told Dr Astaphan of her meeting with Dr Kerr in California and of the steroid program designed by him for her.

Dr Astaphan had no prior experience with anabolic steroids. From that time on, he made an intensive study of anabolic steroids as performance-enhancing drugs. He advised Ms Issajenko that he did not approve of the program designed by Dr Kerr and recommended a program of his own. From the fall of 1983 until the fall of 1988, Dr Astaphan was largely instrumental in designing a steroid program for Mr Francis's athletes, as well as for others, and was one of their principal sources of supply.

He became very knowledgeable about the various anabolic steroids available through normal suppliers and the black market, the advantages and disadvantages of different steroids, and, in particular, the vital information on clearance times. Thus, in his opinion, he was able to advise the athletes when to stop taking steroids in relation to the time in which they would be tested, so that at that time they would have excreted any steroids in their systems.

A number of Canada's leading track and field athletes, other than those trained by Mr Francis, consulted Dr Astaphan and received advice and assistance in regard to anabolic steroids and other performance-enhancing substances. Dr Astaphan said he had also been consulted by athletes from other countries, including the United States, Italy, Holland, Australia, Sweden, Finland, West Germany, Bulgaria, Jamaica, East Germany, the United Kingdom, and several African nations. They included athletes in a number of sports. Apart from track and field athletes, Dr Astaphan also supervised drug programs for football players, weightlifters, powerlifters, and bodybuilders.

Dr Astaphan concluded that he was being true to the Hippocratic Oath by supplying steroids and other performance-enhancing drugs to athletes. He thought it was better to supervise their drug taking than to let them medicate themselves. He also said he wanted to control what he described as polypharmacy — the use of many drugs from many sources.

Dr Astaphan described his rationale for providing anabolic steroids to athletes in the following way:

> The axiom among track and field plus other athletes was "if you don't take it, you won't make it," so if I didn't monitor them and if I didn't give it to them, they were going to get it elsewhere, and most of them had got it elsewhere and were taking it at the time they came to me. They came to me for advice and for supervision, and I thought it was my responsibility to do this.

In justifying his conduct for prescribing drugs to increase athletic performance rather than for any therapeutic reason, Dr Astaphan relied on the policy of the College of Physicians and Surgeons of Ontario then in place. A provision in that policy, as interpreted by Dr Astaphan, permitted a doctor to prescribe anabolic steroids solely for the purpose of enhancing the performance of athletes, provided that the physician clearly informed the athletes of their side effects.

Dr Astaphan claimed that he did keep his athlete patients informed and that he monitored them by way of physical examinations and laboratory tests for any adverse effects they might be experiencing. In particular, he stated that he monitored them for any potential damage to the liver. He said he also went to the track and watched them training, and observed any physical changes in their bodies. He told them what to look for in terms of changes in their own bodies and, before any of them went on a program, he discussed at length what drugs they had been on or were taking and what they knew about the drugs. He found his athlete patients to be quite knowledgeable. His evidence in that respect was confirmed by some of the athletes, but others claimed that they were never advised of the side effects of the drugs which he was administering, nor had they provided samples for laboratory tests.

Over the years, Dr Astaphan introduced various anabolic steroids to the athletes' programs. He worked carefully with Mr Francis in combining those anabolic steroids with the training procedures pursued by Mr Francis.

Many of the drugs supplied by Dr Astaphan were obtained from legitimate drug supply agencies. However, on occasion, he resorted to purchasing them on the black market. One of his suppliers, Steve Brisbois, was a bodybuilder and a former Mr Universe. Mr Brisbois purchased various drugs on the black market and sold them to Dr Astaphan who, in turn, sold them to the athletes for the amounts of money he had actually paid for them.

Growth hormone is a very tightly controlled drug and only available to physicians through special procedures. Dr Astaphan resorted to the black market to obtain growth hormone for his patients. He made a deal with Mr Brisbois to obtain growth hormone, but Mr Brisbois claimed he was double-crossed and unable to obtain the product, and that the money advanced by Dr Astaphan for the growth hormone could not be recovered. Dr Astaphan, however, was able to arrange for the purchase of growth hormone from other black market sources; subsequently, he resold it to some of his patients. The drugs obtained on the black market were supplied by Dr Astaphan to athletes without his knowing even the source or the quality of the drugs.

Dr Astaphan said that sometimes he was paid by athletes for the drugs he gave them and sometimes he was not. This was confirmed by many of the witnesses. In any event, he claimed he lost money as a result of his supplying drugs to the athletes. He testified that Mark McKoy and Desai Williams each still owed him $1000 for the supply of growth hormone.

The drugs supplied by Dr Astaphan were both in tablet and injectable form. He supplied athletes with bottles of anabolic steroid pills and would frequently inject them with an injectable anabolic steroid. He also supplied some of the athletes with vials of injectable anabolic steroids to be injected by the athletes themselves.

Included amongst the drugs supplied by Dr Astaphan was the drug with the generic name stanozolol, also known by the trade name Winstrol. In different formulations, Winstrol is sold for human or animal use. For human use, it comes in tablet form only. Winstrol tablets are also sold under the trade name Winstrol-V and are manufactured for veterinary use only, although they are of identical composition to the tablets sold for human use. Stanozolol is also sold in injectable form under the trade name Winstrol-V and is supplied in 30 mL vials. Its composition is different from that of the tablet and is for veterinary use only. There is no injectable form of Winstrol manufactured for human use.

In Canada, Winstrol and Winstrol-V tablets and injectables are sold by Sterling Drug Ltd of Aurora, Ontario. More will be said later in this report about the purchases by Dr Astaphan of those drugs from Sterling Drug Ltd.

In 1985 Dr Astaphan introduced what he claimed to be a new anabolic steroid for use by his patients, including those athletes being trained by Mr Francis. He called the drug "estragol." It was an injectable drug which he supplied to them in 30 mL vials. Although the athletes knew that it was an anabolic steroid, they only knew it under the name "estragol." It is a milky white substance, and the athletes referred to it as the "milky white stuff" or some other name.

From the fall of 1985 to the fall of 1988, many of the athletes visited Dr Astaphan's office for injections of "estragol." He also supplied some of them with vials of this drug to be injected by themselves. Before he left Toronto for St Kitts, he left a large supply of vials of "estragol" with Mr Francis.

Following its introduction in the fall of 1985, this steroid was the one most frequently administered and supplied by Dr Astaphan. Other steroids in tablet form were often supplied by him as a stacking agent in conjunction with "estragol." When injecting "estragol," Dr Astaphan frequently combined it with inosine and vitamin B-12, neither of which are banned substances.

The circumstances surrounding Dr Astaphan's acquisition of "estragol" and its role in respect to himself, Mr Francis, Ms Issajenko, and others will also be detailed later in this report.

THE THERAPIST, WALDEMAR MATUSZEWSKI

Waldemar Matuszewski was the massage therapist associated with the Francis group. He came to Canada in 1984 after working for many years in his native Poland as a physiotherapist. He had obtained a master's degree in physiotherapy in Poland and had worked towards a doctorate in neuromuscular stimulation. Most of his work experience had been with athletes. He worked with elite athletes as director of physiotherapy at the Polish Olympic Centre between 1975 and 1978, and then as a physiotherapist with the Polish Olympic and National Track and Field Association. He left Poland in 1982 and was on staff in a hospital in Iraq for two years. Soon after he came to Canada he began working with Canadian athletes. He was involved as a consultant and therapist with the Canadian Weightlifting Federation and with the Canadian Alpine Ski Association.

After meeting Mr Francis at a seminar at York University in either 1985 or 1986, he agreed to work with Mr Francis's athletes to provide rehabilitation and regenerative services. He obtained a contract with the Canadian Track and Field Association, and Mr Francis agreed to supplement his CTFA salary with money from the Mazda company, the sponsor of some of the Francis group.

Mr Matuszewski's contract required him to work on a fulltime basis, five days a week, at the York University high-performance centre. He provided services to all the track and field athletes at the centre but gave special attention to the sprinters. His services included recuperation and regeneration programs for the athletes, including massage therapy, physiotherapy, hydrotherapy, and balneotherapy. He also provided special programs for injured athletes.

During his time at the high-performance centre, Mr Matuszewski was closely linked to the athletes who trained under Mr Francis, including Ben Johnson, Angella Issajenko, Desai Williams, Mark McKoy, Tony Sharpe, Michael Sokolowski, Molly Killingbeck, Cheryl Thibedeau, and Tracy Smith. He was involved with them on a day-to-day basis in their training. At competition times, he travelled with them to meets and provided massage services at the track immediately before and after events.

Several years before moving to Canada and while he was still in Poland, Mr Matuszewski became aware that a group of Polish athletes with whom he was working were using steroids. In 1986 he also became aware that some of the athletes coached by Mr Francis were on steroid programs. Mr Matuszewski said everyone within the group knew about the steroids, but it was treated as a secret. He also testified he could tell if an athlete was on steroids simply by feeling the athlete's muscles. There is no indication, however, that he did anything to discourage this practice, which was contrary to Sport Canada and CTFA policy.

Mr Matuszewski admitted he had administered injections of inosine and vitamin B-12 to some of the Francis group of athletes. However, he denied administering anabolic steroids to any of the athletes except Michael Sokolowski. He admitted he was involved in the adminstration of a milky white substance, together with inosine and vitamin B-12, to Mr Sokolowski in the fall of 1987. Mr Sokolowski was a sprinter who was coached by Mr Francis and who lived in the same house as Mr Matuszewski. Mr Matuszewski said he obtained the milky white substance from Dr Astaphan and he assumed it was a steroid because Dr Astaphan told him it was given to build up the athlete's muscles.

Mr Matuszewski testified about another situation which involved him in steroids in the fall of 1987. A Polish hurdles coach named Szczepanski was in Toronto to give a clinic at the York high-performance centre. Mr Matuszewski met with him and the Polish coach asked him to acquire some steroids for use in Poland. After considerable effort, he was able to obtain some Anavar without a prescription from a pharmacy in Toronto. He sent 100 tablets of the drug by mail to the coach in Poland.

I will have more to say about Mr Matuszewski when I discuss the events leading up to Mr Johnson's positive test at Seoul in 1988. He was not a major player in the events of 1988, but he was by that time part of the Johnson entourage and was therefore involved to some extent in the preparation of Mr Johnson for the Seoul Olympics.

BEN JOHNSON

Ben Johnson was born in Falmouth, Jamaica, on December 30, 1961. He enjoyed a normal boyhood there, going to school and joining in soccer and other physical activities. He came to Canada in April 1976 when he was fourteen years of age. At that time, his mother had already moved to Toronto to provide a new home and new opportunities for him, his older brother, and four sisters.

His brother Edward had participated in organized track events in Jamaica, so it was natural he should pursue that interest in Toronto. He joined the Scarborough Optimist Track and Field Club and trained under coach Charlie Francis. After Ben Johnson won some ribbons at his local school, his brother suggested he join the Optimist Club and he took him along to a practice. That was in the summer of 1977.

Mr Johnson's natural talent was not readily apparent during his introduction to the Scarborough group. Mr Francis said that Mr Johnson was about 93 pounds when he started, and, although he was fifteen years old, he looked about twelve. Mr Johnson initially found the workouts too strenuous and quit for a week until Mr Francis urged him to return. Mr Johnson soon showed such promise that, as Mr Francis recalled, when one of the older sprinters was beaten by Mr Johnson in the summer of 1977, he quit in disgust. For that athlete, it was the last straw. As Mr Francis put it, that individual eventually had a lot of company.

By 1980 Mr Johnson had progressed to the point where he was selected for the Canadian Olympic team. His main races were the 100 metres and 4 x 100 metre relay, although he occasionally ran in 200 metre races. During the indoor seasons he raced in the 50 yard, 50 metre, 60 yard, and 60 metre events.

In 1982 Mr Johnson won silver medals in the 100 metres and the 4 x 100 metre relay at the Commonwealth Games in Australia. At the Los Angeles Olympics in 1984 he won bronze medals in the same two events. In 1985, at the World Cup championships in Australia, he won a gold medal in the 100 metres and the silver medal in the 4 x 100 metre relay. At the Edinburgh Commonwealth Games in 1986 he won gold medals in both events. In the same year he won the gold medal in the 100 metre race at the Goodwill Games in Moscow. At the world championships in Rome in 1987 he won a gold medal in the 100 metres and set a new world record of 9.83 seconds. In the same year he also set world records in the 60 metre and 50 metre events.

Because of certain issues raised by counsel on his behalf, I must make some observations which are personal in nature. Mr Johnson appears to be a very polite and well-mannered young man and has the benefit of a close family relationship.

From his early days as a youth, he has devoted himself to his career as an athlete. In that respect, as a witness, he displayed considerable knowledge about his training techniques, his own body, the medication and treatment for his athletic injuries, and his progress as an athlete. Within the field of his own expertise, he had no difficulty in expressing himself. His colleagues described him as affable and friendly, and he was well liked by them.

Although he placed great trust in his coach, his physician, and other members of his entourage, it is apparent that he has a mind of his own, both with respect to his training program and his finances. He took a direct interest in his financial affairs, including his own expenditures and the amounts to be paid to others who were assisting him.

It was only natural that he should enjoy the acclaim and wealth which came his way, and, for a while, he was personally very extravagant. From a financial point of view, he is a fortunate young man. In his athlete reserve fund alone, which is retained for him in trust by the Canadian Track and Field Association and from which he draws a substantial monthly allowance, there are still sufficient funds which, if carefully invested, will assure him of financial security for his future.

Mr Johnson's involvement with banned substances, the circumstances surrounding it, and the events of 1988 are detailed later in the report.

10

The Disqualification at the Seoul Olympics

Ms Carol Anne Letheren, chef de mission of the Canadian Olympic team, was awakened at 1:45 a.m. on Monday, September 26, 1988, to receive a hand-delivered letter from Prince Alexandre de Mérode, chairman of the IOC Medical Commission. The letter advised that the A-sample of Mr Johnson's urine had produced a positive result. There was no indication of the drug involved. The Canadian Olympic Association was invited to send a delegation of three people to attend the analysis of the B-sample, in keeping with IOC regulations which require a confirmatory test after an initial test has proved to be positive. The analysis of the B-sample was scheduled for 10:00 a.m. A meeting of the IOC Medical Commission was scheduled for 10:00 p.m., when the results of the A- and B-samples would be reviewed and appropriate action recommended.

Ms Letheren immediately awakened Dr William Stanish, chief medical officer of the Canadian Olympic team, to tell him about the information disclosed in the letter. After discussing the matter with two other team officials, they met with David Lyon, one of the two team leaders of the track and field team, at about 7:00 a.m. Ms Letheren, Dr Stanish, and Mr Lyon then met with Charlie Francis for about an hour in the Canadian Olympic Association's medical clinic.

Mr Francis was asked whether Mr Johnson had taken any banned substances and, in particular, whether he had taken anabolic steroids. Mr Francis responded that Mr Johnson had not been on any banned substance. Dr Jamie Astaphan was then contacted by telephone and he assured Dr Stanish that Mr Johnson had not been on any banned medication. Dr Astaphan was specifically asked about steroids and he indicated that Mr Johnson had not taken them. Dr Stanish requested Dr Astaphan to provide him with a detailed list of medications taken by Mr Johnson both prior to Seoul and during the Olympic Games.

It was agreed that Dr Stanish, Mr Francis, and Mr Lyon would be present at the Olympic laboratory for the analysis of the B-sample. There they met with Dr Arnold Beckett, Dr Manfred Donike, and Dr Jongsei Park, who represented the IOC Medical Commission. Dr Stanish was unable to advise what medications Mr Johnson was on, so Mr Lyon was sent to find Mr Johnson. When Mr Johnson arrived at the laboratory about half an hour later, he brought a training bag containing several medications (many unlabelled) and other substances. He also brought a note addressed to Dr Stanish from Dr Astaphan. This two-page handwritten note referred to a number of medications taken by Mr Johnson as far back as May 1988. Significantly, there was no mention of any anabolic steroids.

Dr Beckett asked Mr Johnson if he had ever taken any banned substances and he said he had not. The drug stanozolol was then disclosed as the banned substance revealed by the test on Mr Johnson's urine. Mr Johnson suggested that the explanation for his positive test must have been the result of something done by a stranger who was in the doping control area at the time he provided his urine sample following the 100 metre final. This explanation was the genesis of the sabotage theory.

After those discussions, the Canadian group stayed for the opening of the B-sample. They satisfied themselves that the sample to be tested was the one originally provided by Mr Johnson, and then they left.

In the afternoon of Monday, September 26, a meeting was convened in the hotel suite of Richard Pound, a Canadian and a member of the IOC executive, to develop a plan for the meeting of the IOC Medical Commission scheduled for 10:00 p.m. that evening. Among those present were Mr and Mrs Pound, James Worrall (another Canadian IOC member), Dr Roger Jackson (president of the COA), Ms Letheren, Dr Stanish, Mr Francis, and Mr Lyon. Interviews of those people who had been with Mr Johnson in the doping control area after the 100 metre final were conducted. These included RCMP officer Donald Wilson, Mr Matuszewski, and Diane Clement, another team leader of the track and field team. Mr Johnson was also interviewed.

What emerged from those discussions was a decision to present an appeal to the IOC Medical Commission based on the sabotage theory. The defence was founded on the premise that Mr Johnson was not a user of anabolic steroids of any kind and that he had certainly not taken the drug stanozolol. According to Mr Pound, they intended to rely on the sabotage theory because it was the only explanation that was consistent with the position that Mr Johnson had not taken any prohibited drugs.

The evidence which the Canadian group relied on to support the sabotage theory was Mr Johnson's suggestion that the positive test must have been the result of something done by a stranger in the doping control area and that the security after the 100 metre final appeared to be extremely relaxed. The suggestion was also put forward that the stranger may have been associated in some way with one of the other finalists.

The Canadian representatives at the meeting of the IOC Medical Commission were Messrs Pound, Worrall, and Jackson, Dr Stanish, and Ms Letheren. Mr Pound was the spokesman. The meeting, which included the members of the "Subcommision on Doping and Biochemistry of Sport," was chaired by Prince de Mérode and involved about twenty-five people. At this meeting, the results of the B-sample were disclosed as positive for metabolites of stanozolol.

During Mr Pound's presentation of the appeal, premised on the sabotage theory, Dr Donike, a member of the subcommission on doping and biochemistry of sport, intervened and provided some additional scientific data from the results of the laboratory analyses. He reported that the analyses of the sample were inconsistent with a single application of the substance and indicated long-term use.

From that point on it became clear to Mr Pound and his colleagues that their appeal was doomed to failure. After deliberating for about two hours, the Medical Commission rejected the appeal and advised the Canadian contingent that they would recommend to the IOC executive committee that Mr Johnson be disqualified.

At a meeting of the executive committee at 8:30 a.m. on September 27, Mr Johnson was disqualified from the Olympic Games. An IOC press release stated in part:

> The urine sample of Ben Johnson (Canada — Athletics — 100m) collected on Saturday, 24th September 1988 was found to contain the metabolites of a banned substance namely Stanozolol (anabolic steroid).
>
> The IOC Medical Commission discussed all arguments presented by the Canadian Delegation, especially the statement that the substance in question might have been administered after the competition by a third party.
>
> The steroid profile however is not consistent with such a claim.

The gold medal had already been retrieved by Ms Letheren from Mr Johnson in the early hours of the morning in his hotel room. Mr Johnson, accompanied by his mother, sister, and Dr and Mrs Astaphan, returned to Toronto the same day. Mr Francis also returned to Toronto that day.

On Wednesday, September 28, following his return to Toronto, Dr Astaphan was interviewed on the CBC television program, "The Journal." He denied giving stanozolol or any other anabolic steroid or banned substance to Mr Johnson. He went on to say that he had never discussed anabolic steroids with Mr Johnson and further stated that he was prepared to testify under oath at a federal inquiry that he had never given anabolic steroids or any other banned drugs to Mr Johnson.

On Friday, September 30, 1988, Mr Johnson was interviewed by George Gross of the Toronto *Sun* newspaper. In attendance at that interview were Edward Futerman, Mr Johnson's lawyer, Kay Baxter, consul general for Jamaica, and Paul Godfrey, publisher of the *Sun*. The interview published on October 1 quoted Mr Johnson as stating: "I'm innocent. I never took any banned substances."

Mr Johnson further stated: "I want my name to be cleared, and I'll do anything to clear it." According to Mr Gross, Mr Johnson said he welcomed an investigation "to find out how it happened that I tested positive in Seoul." Mr Johnson was further quoted as saying: "I didn't do anything wrong. It hurt me, though, that people would condemn me without hearing my side of the story."

The interview with Mr Gross also disclosed Mr Johnson's knowledge of and interest in the various vitamins he took. In discussing his training prior to the Olympic Games, he said:

> To make sure so much intensive training doesn't hurt me, I took big vitamin tablets from a power pack. Each of those packs contained eight pills.
>
> I bought them myself because I had been buying them before. They're pills that contain calcium and vitamins. They're essential to me for intensive training.

During the course of the interview, Mr Johnson apparently related to Mr Gross that he had heard talk at the Olympics in Seoul that he was using steroids. The following excerpt from Mr Gross's article is illuminating:

> After the heats, I heard bad comments about me, he said. They said I was out of shape and overweight. The fact is that I had lost six pounds since my defeats in Europe. I couldn't have been taking steroids. Had I done so, I'd have put on six pounds, not lost them.
>
> He also says that he knew he faced a drug test under IOC rules. I knew I was going to be tested, he said, because the three medal winners always are.
>
> Ben added he was also tested after losing to Carl Lewis in Zurich in August, and passed that examination. If I had been taking steroids, it would have shown in Zurich, he insisted. If I had taken them, I wouldn't have dared go to the Games and embarrass my family, my country and the Canadian media.

Mr Johnson also provided a signed statement on September 30, which was also published in the Toronto *Sun* of October 1, 1988:

> I want to state clearly now that I have never knowingly taken illegal drugs nor have had illegal drugs administered to me.
>
> I have always believed, and I certainly believe now, that illegal drugs have no place in our society.
>
> During the past two years I have been tested about 10 times. Every single one of my tests has been negative. My most recent test was on or around August 17. All of these tests to my knowledge were thorough and complete.
>
> I'm well aware that every Olympic medallist is tested and, as you all are aware, I wasn't going to Seoul to lose. I fully expected to win a gold medal and I fully expected to be tested.
>
> There can be no possible reason under those circumstances that I would have taken an illegal drug.
>
> *If, indeed, it was my urine sample that was tested, then I invite a full investigation by the appropriate authorities to find out how all this happened.*
>
> *I'm innocent and I welcome the opportunity of proving it.*
>
> I'm proud to be a Canadian and I would never do anything to hurt the people who support me. The Canadian people should have the right to hear my story first. [Emphasis added]

On October 4, Mr Johnson attended a carefully orchestrated press conference with his mother, father, and lawyer, Mr Futerman, in a Toronto hotel. Mr Johnson was quoted in the *Globe and Mail*, in part, as stating: "People who know me in Jamaica and people who know me here know I wouldn't take drugs . . . I have never, ever, knowingly taken illegal drugs, and I would never embarrass my family, my friends, my country and the kids who love me."

On October 3, 1988, the day before the Johnson press conference, Mr Francis released a public statement which began: "Like all Canadians, I was shocked and dismayed to learn of Ben Johnson's disqualification at the Seoul Olympics, based upon a positive test for the drug stanozolol. Such a test result defies all logic and, in my opinion, can only be explained by a deliberate manipulation of the testing process."

Subsequent to those events, an Order in Council appointing this Commission of Inquiry was issued on October 5, 1988. At the time of my appointment as Commissioner, the information available about Mr Johnson's disqualification could be summarized in six main points:

- Mr Johnson had tested positive for the anabolic steroid, stanozolol, following the 100 metre final in Seoul.
- A submission had been advanced before the IOC Medical Commission that Mr Johnson might have been the victim of some form of sabotage.
- Mr Johnson denied he had taken stanozolol or any other banned substance.
- Dr Astaphan denied any knowledge that Mr Johnson had taken stanozolol or any other banned substance.
- Mr Francis stated that a positive test for stanozolol defied all logic and could "only be explained by a deliberate manipulation of the testing process."
- Mr Johnson invited "a full investigation by the appropriate authorities to find out how all this happened."

In light of these events, in response to Mr Johnson's request, and pursuant to my terms of reference, it was the duty of Commission counsel and staff to carry out an extensive inquiry into the circumstances of Mr Johnson's positive test results. A thorough, highly skilled and extensive investigation was undertaken, at considerable time and at great expense, to seek out any evidence which would support Mr Johnson's contentions.

At all times during the course of the investigation, counsel for Mr Johnson was fully advised on the matters being investigated and the outcome of the inquiries. Having regard to the position taken by and on behalf of Mr Johnson, certain possibilities were explored, such as mistakes in the identification and analysis of the urine sample and the suggestion of sabotage.

Identity of the Sample

Since Mr Johnson did not admit in his public statement that it was his urine which was the subject of the positive test, an investigation had to be made whether there had been a mistake in the identification of the urine sample. The documents signed by Mr Johnson confirming the identity of the sample and presented at the doping control station were requisitioned and examined. Those who witnessed the documents were also interviewed. There was no mistake about the identity of the urine sample which formed the basis of the positive test.

Mistake in the Analyses

The next matter to be investigated was whether there had been a mistake in the analyses made in Seoul. The documentation on which the scientists relied in concluding that Mr Johnson's sample disclosed metabolites of stanozolol was also requisitioned and reviewed by two scientific advisers, Dr Samuel Solomon of McGill University and Dr Arnis Kuksis of the University of Toronto, who had been retained by me for that purpose. They examined all the scientific data and confirmed the finding that the results did disclose metabolites of stanozolol. There was no mistake in the analyses.

Sabotage

Although the suggestion of sabotage had been rejected by the IOC Medical Commission, it was renewed on the return from Seoul. Commission counsel made a thorough inquiry into whether there was evidence that the positive finding was the result of the actions of a stranger in the doping control room. The Canadians who were present with Mr Johnson in the doping control room were interviewed, and they confirmed that there had been a stranger in the doping control area. There was no evidence, however, that this stranger had administered any drug to Mr Johnson. There was no sabotage.

11

The Use of Performance-Enhancing Drugs

In light of the concession made by Mr Johnson at the end of the track and field phase of the Inquiry that he had been using performance-enhancing drugs, little is to be gained by detailing his use of performance-enhancing drugs and his knowledge that he was doing so. But the concession was not readily forthcoming.

At the request of Mr Johnson's counsel, it was agreed that he would be the last witness to be called to testify in the track and field phase of the Inquiry, which, as it turned out, was very fortunate for him. Consistent with the practice adopted throughout the Inquiry, Mr Johnson's counsel was advised in advance of the nature of the evidence that was expected to be given by the witnesses who preceded Mr Johnson.

None of the witnesses who preceded him was called to prove, one way or the other, whether Mr Johnson was taking performance-enhancing drugs and whether he was aware of it. Rather, they spoke of their own involvement in drugs and, in the course of doing so, related their experiences with others who were also taking drugs. They were all friends of Mr Johnson. In giving their evidence, they related their relationship with Mr Johnson, his use of steroids, his knowledge that he was doing so, and the many conversations and the banter they had with him about it. The witnesses were cross-examined by counsel for Mr Johnson. By that time, the identity of the urine sample, the validity of the positive test, and the untenability of the sabotage theory had been clearly established. But a new tack was taken. The cross-examination of the witnesses by counsel for Mr Johnson was conducted with a view to showing that Mr Johnson was unaware that the medications he was receiving were banned substances. During the cross-examination, very serious allegations were made against some of the witnesses.

Mr Francis was the first witness to testify in this phase of the Inquiry. I have already outlined in a general way the nature of his evidence, but avoided any reference to Mr Johnson's involvement with performance-enhancing drugs so that it could be dealt with at this time.

Mr Francis testified that by 1981 it had become clear that Mr Johnson was "on the threshold of breaking into international prominence." In the late summer and early fall of 1981, in anticipation of the next year's events, Mr Francis said, he and Mr Johnson discussed his future training regime, including the possibility of starting a steroid program, and that he encouraged him to do so for the same reasons he had previously encouraged Ms Issajenko. Mr Francis indicated that Mr Johnson was fairly noncommittal and that he did not want to make a decision at that time. Mr Francis recommended that they make an appointment with a doctor to discuss the matter.

Mr Francis arranged a visit to the office of Dr Gunther Koch. He recalled that they discussed Dianabol and its side effects, which Dr Koch considered to be minimal if taken in small doses and over a short period of time. According to Mr Francis, the doctor told Mr Johnson that he was not certain of the performance-enhancing qualities of Dianabol, and, at the conclusion of the meeting, Mr Johnson said he wanted to think further about the matter. Later in the fall of 1981, leading into the 1982 season, Mr Johnson advised Mr Francis that he would go on a steroid program.

In his testimony, Mr Francis provided details of the use Mr Johnson made of anabolic steroids over the next seven years, and of the introduction of Dr Astaphan to his athletes in the fall of 1983. He explained how Dr Astaphan was introduced first to Ms Issajenko and then to the other members of his sprint group, including Mr Johnson.

Mr Francis outlined how Mr Johnson's steroid program was administered and monitored by Dr Astaphan between 1984 and 1986, until Dr Astaphan returned to St Kitts. After Dr Astaphan's departure, Mr Francis became directly involved in administering steroid injections to Mr Johnson right up to the period just before the departure for the Seoul Olympics. From time to time, Dr Astaphan returned to Canada and also travelled with Mr Johnson. On those occasions he again became involved in Mr Johnson's drug program. In addition to anabolic steroids, Mr Johnson also received injections of inosine/vitamin B-12 mixture from Dr Astaphan and Mr Francis.

As in the case of Ms Issajenko and others, it would be unfair to depict Mr Johnson's training regime as simply involving the use of anabolic steroids in both tablet and injectable form, followed by his showing up at the track for a scheduled race. Like Ms Issajenko, Mr Johnson was also a hard worker although, perhaps, not as dedicated as she was. Apart from his starting, sprinting, and running exercises, he was also a devotee of weight training. Under Mr Francis's direction, Mr Johnson's program of increasing strength, speed, and endurance was carefully worked out over the course of a year to permit him to peak at particular points in the three competitive periods (indoor season, early outdoor season, and late outdoor season).

The steroid program developed by Dr Astaphan was designed to coordinate with Mr Francis's training program. There were two periods of six weeks and a third period of two weeks each year when steroids were taken. The steroid program was designed so that the largest quantity of drugs would be taken at the beginning of each training period.

Mr Francis described the effect of Mr Johnson's training program in the following way:

> Because of this particular training system and because of the location of the steroid blocks and the small amount of steroids involved, Ben was able to compete more often than any of the other major competitors in the world and at a higher level because his muscles would be fresher and looser.
>
> So, not only was he able to compete more often but he used the competitions to develop his speed.

According to Mr Francis, the competitions really became a part of the training program. As he put it, "if you're going to run fast, then why not get paid for it?"

He provided a review of Mr Johnson's 1987 competitive season which illustrated in a dramatic way how he had peaked at the most important races throughout the year. On January 15, 1987, in Japan, he set a new world record for the 60 metres of 6.44 seconds. A few days later in Perth, Australia, he ran the fastest hand-timed 100 metre race ever recorded in 9.7 seconds. In Ottawa on January 31, he set a new world record of 5.55 seconds for the 50 metres. He equalled his own world record of 6.44 seconds for the 60 metres in Edmonton on February 21. On March 7 at the world indoor championships he ran 6.41 seconds for a new world record in the 60 metres and, thus, he reached his highest peak for the major indoor events of the season. Throughout the two outdoor seasons, Mr Johnson again entered a series of races in order to peak at the world championships in August at Rome. At the Canadian national championships on August 1 he ran 9.98 seconds in the 100 metres. On August 16 he ran the 100 metres in 9.95 seconds in Cologne. In Zurich on August 19 he ran the same distance in 9.97 seconds against a head wind of 1.2 metres. Mr Francis estimated that without the head wind his time would have been 9.85 seconds. Thus, Mr Johnson was ready for the world championships in Rome, where, on August 30, 1987, he set a new world record for the 100 metres of 9.83 seconds. These results clearly illustrate the benefits Mr Johnson received from the Francis training system.

At the conclusion of his testimony, Mr Johnson's counsel subjected Mr Francis to a lengthy and, at times, acrimonious cross-examination. It was designed to impeach Mr Francis's credibility at large and to place the responsibility for Mr Johnson's use of steroids solely on Mr Francis and Dr Astaphan. Counsel for Mr Johnson sought to establish, through Mr Francis, that Mr Johnson's mental capacity and level of education were such that he was incapable of understanding that he was using steroids or was engaging in any banned practices.

It was suggested to Mr Francis that he had taken advantage of a young athlete of diminished mental capacity by subjecting him to the use of anabolic steroids without his knowledge and while Mr Johnson thought throughout that the pills he was being supplied with and the injections he received were vitamins. This was a very serious allegation, since to administer drugs to an individual without his or her consent would constitute a criminal offence.

This allegation received prominent media attention, as if the allegation once made was true.

While acknowledging the advice and encouragement he gave to Mr Johnson to embark on a steroid program, Mr Francis insisted throughout the cross-examination that Mr Johnson was well aware that he was using performance-enhancing drugs, that he realized their significance, and that he knew they were banned. Mr Johnson was also aware of clearance times and of the importance of ensuring that his system was cleared of drugs before competition.

Mr Francis explained that his own career was on the line if any of his athletes were detected using banned substances. It was, therefore, essential for him that the athletes who were using the banned substances knew exactly what they were doing and the clearance times necessary to avoid detection. He further stated that he would never, under any circumstances, inject an anabolic steroid without the athlete knowing the nature of the injection he or she was receiving.

Mr Francis also took strenuous issue with the suggestion made to him by counsel about Mr Johnson's diminished mental capacity. From my own observations, I think it was unfair to Mr Johnson to describe him as unintelligent.

Mr Francis's testimony that Mr Johnson was fully aware of his use of drugs was confirmed by a series of witnesses who preceded Mr Johnson in the witness box. Dr Koch confirmed Mr Francis's testimony about Mr Johnson's visit to his office. Although he recalled Mr Johnson as being extremely shy, he was satisfied that he understood what was being said.

Ms Issajenko was a teammate and close associate of Mr Johnson. She related numerous instances of Mr Johnson's involvement with anabolic steroids and other drugs. In the spring of 1984 she had administered injections of steroids and growth hormone to Mr Johnson at a training camp in Guadeloupe.

Ms Issajenko was also subjected to the same line of cross-examination as Mr Francis, including the suggestion that she had administered injections of steroids and growth hormone to Mr Johnson without his knowledge. She vehemently denied that she would ever do such a thing. There was no doubt in her mind that Mr Johnson fully understood his involvement with the use of anabolic steroids. She described the discussions and the banter about drugs that went on in their group. She explained that although the term "anabolic steroids" was not used, they were described by Mr Johnson and others as "roids," "juice," "stuff," or by some other name.

A number of other track and field athletes testified about their own use of anabolic steroids and the use by others, including Mr Johnson. They included Tim Bethune, Rob Gray, Tony Issajenko, Molly Killingbeck, Dave McKnight, Andrew Mowatt, Tony Sharpe, Michael Sokolowski, and Cheryl Thibedeau. Many of them were colleagues and close friends of Mr Johnson. As with Mr Francis and Ms Issajenko, they were all fond of Mr Johnson and respected him. They all denied the suggestion made to them in cross-examination that Mr Johnson was unaware he was using steroids and they referred to discussions they had with him in the past about their use.

In addition, two other witnesses, John Davies and Michael Ryan, were called in this phase of the Inquiry. They were college football players who had also trained at the high-performance centre at York University. While doing so, they met Mr Francis and members of his team, including Mr Johnson. They testified to Mr Johnson's discussions with them about his own use and knowledge of steroids. Like the others, they were also cross-examined on the credibility of their evidence, but there is no reason to disbelieve their testimony.

Dr Jamie Astaphan also testified about Mr Johnson's use of steroids and other performance-enhancing substances. He was introduced to Mr Johnson in late 1983 by Mr Francis. At their first meeting, and in the presence of Mr Francis, Dr Astaphan said he discussed Mr Johnson's prior use of Dianabol, testosterone, and Deca-Durabolin.

In the period from the spring of 1984 through the summer of 1988, Dr Astaphan estimated that he administered some fifty to sixty injections of drugs to Mr Johnson. He also supplied Mr Johnson with bottles containing various anabolic steroid tablets. As in the case of the other athletes under Dr Astaphan's supervision, Mr Johnson received injections of "estragol" from him between 1985 and 1988, and he was supplied by Dr Astaphan with his own vial of "estragol." Dr Astaphan testified that Mr Johnson, like the others, knew that "estragol" was an anabolic steroid and that it was banned. He stated that he explained the effects of the drug to Mr Johnson and that he was very inquisitive and understood what he was being told.

In the summer of 1987 and through to January 1988, Dr Astaphan, rather prophetically, became concerned that one or more of the athletes involved with his steroid program might be discovered through the drug-testing procedures which then existed at various competitions. From information he had received, he began to worry that an athlete might test positive and then deny his or her involvement with steroids and place the blame on him. He referred to the group who were involved with the steroid program as "belonging to the brotherhood of the needle," and described a scenario where one member of the brotherhood might be caught and might try to exonerate himself by placing the blame on the others. To protect himself, Dr Astaphan decided to engage certain people, including Mr Francis and Mr Johnson, in tape-recorded telephone conversations. His stated purpose was "to make sure that they understood and admitted that they knew that they were taking anabolic steroids so that . . . my tail would be covered too." The following is the transcript of a telephone conversation which took place between Dr Astaphan and Mr Johnson on January 27, 1988:

JOHNSON: Hello?

ASTAPHAN: Hi?

JOHNSON: Yeah?

ASTAPHAN: What you doing?

JOHNSON: Huh?

ASTAPHAN: You going out?

JOHNSON: I was just having lunch with someone.

ASTAPHAN: Oh. They are — we saw the race — we saw the race in St. Kitts, the one in Ottawa.

JOHNSON: Mm'hmm.

ASTAPHAN: And you know, one of your muscles looked tight.

JOHNSON: In Ottawa?

ASTAPHAN: Yeah.

JOHNSON: Not really. I just been tired and stuff.

ASTAPHAN: Hmm'mm.

JOHNSON: I have travelled . . . (inaudible)

ASTAPHAN: Yeah. Because one of your hamstrings, I think the left hamstring, looked as though it was tightening up a bit.

JOHNSON: It was tight, yeah, it was tight.

ASTAPHAN: It was. You haven't used any of the white stuff, the steroids, since December, have you?

JOHNSON: Part of it, yes.

ASTAPHAN: Since December?

JOHNSON: Yeah.

ASTAPHAN: When did you do it? When was the last time? Not the inosine, the other steroid, the white one?

JOHNSON: Long time.

ASTAPHAN: Well — what — oh, you haven't used it recently?

JOHNSON: Yeah.

ASTAPHAN: Because I put on the bottle that you must stop on the 18th of December, something like that.

JOHNSON: Mm'mm.

ASTAPHAN: And you stopped then?

JOHNSON: Yeah.

ASTAPHAN: Oh! Because, you know, the bottle [sic] looked pretty tight.

JOHNSON: Hm'mm.

ASTAPHAN: Charlie haven't given you any steroid shots or anything by mistake?

JOHNSON: No.

ASTAPHAN: All right. You — you —you have more left in the bottle?

JOHNSON: Yes.

ASTAPHAN: Okay. You going up to the track this afternoon?

JOHNSON: Yes, I'm going by the track this afternoon.

ASTAPHAN: Yeah. Okay. I'm going — I'm coming up there about three, four o'clock. I'll meet you. I'm in Toronto.

JOHNSON: Yeah. Okay.

ASTAPHAN: Okay. I'll see you up there then, Ben.

JOHNSON: Mm'hmm.

ASTAPHAN: All right.

JOHNSON: All right.

The transcript actually added very little, if anything, to all the testimony which had preceded it.

At the request of counsel for Mr Johnson, Dr Jack Sussman, who was Mr Johnson's family physician from November 1979 to the fall of 1988, was also called as a witness. In October 1987 Mr Johnson visited Dr Sussman's office and complained of tenderness in his left breast. Dr Sussman's examination revealed a condition known as gynecomastia, an enlargement of the breast tissue in males caused by use of anabolic steroids. Dr Sussman asked Mr Johnson if he was taking any steroid drugs and explained that the condition of gynecomastia was a common side effect of taking steroids. Mr Johnson denied taking any steroids at any time. Dr Sussman said he reviewed the matter with Mr Johnson three or four times. Dr Sussman checked the condition on two subsequent visits and the enlargement of the breast had disappeared by early January 1988.

In the end, the lengthy cross-examinations of the witnesses who preceded Mr Johnson turned out to be fruitless and, in many respects, were unfair. They extended the time of this phase of the Inquiry and added considerably to the expense.

By the time Mr Johnson took the witness stand on June 12, 1989, the evidence concerning his use of anabolic steroids and his understanding that he was doing so was overwhelming. No trier of fact could have concluded otherwise. In light of such evidence, it would have been quite impossible for Mr Johnson to maintain a credible position that he was unaware he had been engaged in an anabolic steroid program for many years.

In his evidence, Mr Johnson did concede that for many years he had knowingly been involved in lengthy steroid programs and was well aware of it. Although he agreed with the testimony of the witnesses who had preceded him in its material respects, he, quite understandably, did not agree with or recall some of the details.

Mr Johnson testified that in the initial discussion he had with Mr Francis in the late summer of 1981 concerning the use of drugs, Mr Francis told him that other athletes were using drugs and that the only way to improve was to use steroids with his training. Mr Francis advised him to think about a drug program.

Mr Johnson recalled going to Dr Koch's office, and that Dianabol was mentioned. However, he did not recall the discussions between Dr Koch and Mr Francis about the performance-enhancing qualities and side effects of drugs. He claimed that the conversation was between Mr Francis and Dr Koch, and that he did not participate. Mr Johnson may very well have forgotten the details of the meeting, but I am satisfied that Dr Koch accurately described it.

Mr Johnson testified that in the early 1980s he did not fully appreciate the exact nature of the drugs he was taking. He stated that at that time he would go along with whatever his coach said. However, he understood, even then, that he had to stop taking the drugs within a certain time before a race so that they would clear his system. He also understood that the object of drug testing was to find out if there were any banned drugs in his system. He recalled taking the pink tablets given him by Mr Francis in 1982. He said he did not know at the time that they were steroids, but he knew they were banned "in certain ways" — apparently by the clandestine way in which Mr Francis handed them to him.

Mr Johnson did recall that the use of anabolic steroids and the fear of being caught in doping control at the Pan American Games in Venezuela in 1983 became a significant issue with many of the athletes. At that time, he was certainly aware some of the drugs he had been taking, such as Dianabol and Winstrol, were steroids. He understood that such drugs were banned and that if, after a drug test, they were found in an athlete's system, the athlete would be disqualified.

According to Mr Johnson, he first visited Dr Astaphan's office in January 1984 with Mr Francis in regard to an injured knee. Mr Johnson differed with Dr Astaphan's evidence in that he said there was no discussion of steroids on that first visit. Mr Johnson said he understood that Dr Astaphan was going to be his "track doctor to help me with injuries and any type of drugs such as B-12 or inosine, but Charlie didn't tell me that I am going to be there going to his office for any drugs at all like steroids or anything like that."

Mr Johnson further testified that neither Dr Astaphan nor Mr Francis ever discussed the possible side effects of anabolic steroids with him. He said that if he had been told of any potential side effects, he would not have been involved with a steroid program.

Mr Johnson recalled that Dr Astaphan introduced a drug called "estragol," which he knew to be a steroid and banned, into his program in the fall of 1985. Dr Astaphan told Mr Johnson that it was a better drug, and that it would enable him to train a lot better, recover faster, lift more weights, and run faster. According to Mr Johnson, Dr Astaphan did not tell him about the side effects of "estragol." Contrary to Dr Astaphan's testimony, Mr Johnson denied that he had asked the doctor a series of questions about the side effects of "estragol."

In 1985 and 1986 during the training periods, Mr Johnson recalled going to Dr Astaphan's office three days a week for shots of "estragol," which Mr Johnson described as a milky white substance. Mr Johnson agreed with Mr Francis's testimony that after Dr Astaphan returned to St Kitts in September 1986, Mr Francis provided steroid injections to him on a regular basis. Mr Johnson also agreed that in the spring and fall of 1986, he took some Winstrol tablets in addition to the "estragol." During a training camp in St Kitts in December 1986, along with Angella Issajenko and Cheryl Thibedeau, he again received injections of "estragol" from Dr Astaphan.

Mr Johnson testified that during 1987 he was involved in an "estragol" program in the spring, early summer, and fall. He also stated that in the spring of 1987, Mr Francis gave him Winstrol tablets, which he took over a ten-day period.

Mr Johnson's involvement with performance-enhancing drugs in 1988 will be reviewed later.

I accept Mr Johnson's evidence that in the early days when he first embarked on a steroid program he was unaware of the exact drug or drugs he was taking, but, as he stated, even at that time he was well aware they were banned. On the basis of his own evidence, however, in the years succeeding the early 1980s, he was well aware that the drugs which he was receiving, either by way of tablet or by injection, were anabolic steroids, although he did not refer to them by that name.

I do not accept Dr Astaphan's testimony about the nature of his discussions with Mr Johnson on the side effects of steroids. The discussions were much more casual and less detailed than he described. However, Mr Johnson was well aware that there were some side effects and, even after being advised by Dr Sussman on at least one such effect, he continued to take steroids.

It is clear that Mr Johnson was using performance-enhancing drugs from 1981 and throughout the years leading up to the Seoul Olympics in September 1988. It is also clear that he was fully aware he was doing so and that he fully understood the nature and consequences of the drug programs in which he was engaged.

12

The Positive Test

From 1986 until the Seoul Olympics in 1988, Mr Johnson was tested nineteen times for anabolic steroids and other banned drugs. Each of these tests was at the time of competition. Although he was engaged in extensive anabolic drug programs throughout that period, the results of the tests prior to Seoul were negative each time. He had never been tested out of competition.

Mr Johnson's coach, Charlie Francis, was one of the most experienced people in track and field. He possessed a sophisticated knowledge of the use of various drugs and, in particular, anabolic steroids. Mr Johnson's doctor, Jamie Astaphan, had been heavily involved for many years in the planning, supervision, and administration of steroid programs for many athletes. Mr Francis and Dr Astaphan were knowledgeable about the times it took for particular drugs to clear the human body. The calculation of "clearance times" in order to avoid a positive test was an important part of their regular strategy as coach and doctor for Mr Johnson and a number of other athletes. It was therefore a surprise to some informed people in track and field who knew about the use of steroids that Mr Johnson would still have traces of an anabolic steroid in his system at the time of the most important race of his career. The answer to how Mr Johnson tested positive can be found only by an analysis of the events of 1988 leading up to the Olympic Games.

WINTER AND SPRING OF 1988

In the early indoor season in January 1988, Mr Johnson appeared to be ready to repeat his successes of 1987. He competed in Hamilton, Vancouver, Toronto, Ottawa, and Sherbrooke. At the Maple Leaf indoor games in Toronto, he set a new world record in the 50 yards. He then moved on to the European indoor circuit. In the middle of February in West Germany, while competing in a 60 metre race, he suffered an injury to his hamstring muscle. As a result, Mr Johnson was unable to compete for the balance of the indoor season.

After a holiday on the island of St Kitts, Mr Johnson returned to Toronto and began training again in March. At the same time, he began a six-week steroid program of "estragol" injections, administered by Mr Francis, which was interrupted by a number of travel engagements connected with his endorsement contracts.

Arrangements were made for Mr Johnson to return to competitive racing in mid-May. The plan devised by Mr Francis was to enter him in his first outdoor race on May 13 in Tokyo, where the competition would be easy and not likely to push Mr Johnson to the limit. In the Tokyo race, Mr Johnson again suffered an injury to his hamstring muscle below the site of the original injury. This time the injury involved a tear of the muscle, which was serious for an athlete embarking on a training and competitive program leading up to the Olympic Games in September.

After Tokyo, he was scheduled to go almost immediately with a group of Mr Francis's sprinters to a training camp and a series of competitions in Spain, followed by meets in Italy, Switzerland, and France. Mr Francis was concerned that Mr Johnson had not taken proper care of himself and had not received appropriate attention after his injury in February. Mr Johnson had simply gone on a holiday to St Kitts at a time when Dr Astaphan was not even on the island. Mr Francis did not want to repeat the same mistake.

Mr Francis thought that Mr Johnson should travel with the group to Europe and receive treatments from Waldemar Matuszewski, the group's massage therapist. While still in Tokyo, Mr Francis contacted Dr Astaphan in St Kitts and requested that he join the group in Europe and attend to Mr Johnson's injury. Mr Francis would then be able to supervise Mr Johnson's training program in Europe. Mr Johnson at first agreed to this arrangement, but when he returned to Toronto he told Mr Francis he did not wish to go to Europe because of the strain of travel and the constant attention he would likely receive from members of the public and the media.

Mr Francis understood Mr Johnson's concerns but he was adamant that he accept his plan. He told Mr Johnson that they could not afford to make another mistake. Mr Johnson reluctantly agreed and arrangements were made for him to travel to Spain via Helsinki, where he was to televise a commercial. He was to be accompanied by Dr Astaphan, Mr Matuszewski, and his agent, Larry Heidebrecht. Mr Francis went with the other athletes via London to Malaga, Spain.

Mr Johnson and Dr Astaphan did not arrive in Malaga. At the last minute, Mr Johnson simply refused to go to Europe. He apparently called Dr Astaphan in St Kitts and made arrangements to go to the Caribbean and begin his rehabilitation and recovery program there under Dr Astaphan's supervision. Mr Francis and Dr Astaphan discussed the program by telephone between Malaga and St Kitts, and, although Mr Francis was satisfied that Mr Johnson would get appropriate medical care from Dr Astaphan, he still had considerable misgivings about his being in St Kitts away from his therapist and coach. Mr Francis continued to attempt to get Mr Johnson to travel to Spain and pressed Mr Heidebrecht to make the arrangements. There is not much doubt that Mr Johnson's failure to travel to Spain and follow the Francis plan was the source of considerable friction between Mr Johnson and Mr Francis and the beginning of a deterioration in their relationship.

Before Mr Johnson went to St Kitts, he contacted Ross Earl of the Scarborough Optimist Track and Field Club. As he did with many of the athletes, Mr Earl had developed a close relationship with Ben Johnson. Mr Earl had assisted Mr Johnson in some of his financial dealings, and, in particular, he had kept large sums of cash that Mr Johnson had received as appearance fees from track promoters in a safe at his home. He subsequently forwarded some of it to the Canadian Track and Field Association, where it was deposited in Mr Johnson's athlete reserve fund. Before going to St Kitts, Mr Johnson asked Mr Earl to give him $10,000 from the funds in the safe for Dr Astaphan, and Mr Earl obliged. He did not tell Mr Earl what the money was for, although Mr Earl believed that Mr Johnson owed Dr Astaphan some money for previous services.

Dr Astaphan testified that he requested and received the $10,000 from Mr Johnson for the purchase of ten bottles of growth hormone to be used in his treatment of Mr Johnson's injury. Arrangements were made for part of the $10,000 to be delivered to Toronto bodybuilder Steve Brisbois, who was to obtain the growth hormone from black market sources. Mr Brisbois was not able to deliver, but Dr Astaphan obtained the growth hormone through other sources and then administered injections of it to Mr Johnson.

While Mr Johnson was in St Kitts, Dr Astaphan supervised his training. Dr Astaphan also provided him with medications, including growth hormone, and provided medical attention for his various needs.

Mr Johnson had an obligation under an endorsement contract with an Italian sports clothing company to appear in Padova in mid-June. Mr Johnson agreed to keep that commitment, so he and Dr Astaphan travelled to Italy. Mr Francis was also scheduled to be in Padova for a track meet. This was the first opportunity for Mr Francis and Mr Johnson to meet face-to-face since Mr Johnson had rejected Mr Francis's plan to travel with the group to Europe. At first, Mr Johnson and Mr Francis did not speak to each other when they met. Mr Francis was upset that Mr Johnson had not gone to Europe sooner, and by this time Mr Johnson was upset because Mr Francis had not called him personally in St Kitts to ask about his condition. Mr Francis also became upset with Mr Johnson because he showed up at the track meet in Padova wearing street clothes rather than the track suit of his Italian sponsor.

After the meet, Mr Johnson and Mr Francis met in Mr Johnson's hotel room where, after a heated discussion of their differences, they agreed to part company as coach and athlete. Mr Johnson and Dr Astaphan left Padova the next day to return to St Kitts via London.

Mr Francis had been Mr Johnson's only track coach. How Mr Johnson was going to continue without him was not clear. While in Padova, a conversation took place between Mr Matuszewski and Dr Astaphan. According to

Mr Matuszewski, Dr Astaphan proposed that Mr Matuszewski stop working with the other Canadian athletes and work exclusively with Mr Johnson together with Dr Astaphan. In this scenario, Mr Matuszewski would be the therapist and Dr Astaphan the personal physician and coach. Mr Matuszewski said Dr Astaphan offered him U.S.$5000 per month at that time, and, if Mr Johnson won the gold medal, Mr Matuszewski would be paid U.S.$250,000 and would receive, in addition, 5 percent of the endorsement fees. Dr Astaphan was to receive the same remuneration, except the monthly payment was to be U.S.$10,000 rather than U.S.$5000. Mr Matuszewski simply told Dr Astaphan to prepare the contract and they would discuss it.

Dr Astaphan's version of this discussion is different. According to him, it was Mr Matuszewski who made the proposal that he become the exclusive therapist to Mr Johnson, and that Dr Astaphan become the physician and coach and also become involved in Mr Johnson's management. Dr Astaphan said some dollar figures were discussed, but he did not pay much attention. Dr Astaphan said he told Mr Matuszewski to discuss the matter with Mr Johnson.

Whatever version of the proposal is the correct one, nothing ever came of it. However, the fact that the discussion took place illustrates that Dr Astaphan and Mr Matuszewski at this time were obviously considering their own self-interest in the progress of Mr Johnson's career. In addition to everything else, this was further evidence of disarray in the Johnson entourage on the road to Seoul.

According to Mr Johnson, he thought Mr Matuszewski would continue to work with him as a therapist and that Dr Astaphan would continue as his doctor. As far as coaching was concerned, he would get help from some of the other coaches at the high-performance centre at York University.

Mr Johnson and Dr Astaphan returned to St Kitts about the third week in June. Mr Johnson's hamstring injury had healed to the point where he was able to recommence his training and, at that time, Dr Astaphan also administered injections of growth hormone, inosine, and vitamin mixtures.

Through a contact made by Mr Heidebrecht, arrangements were then made to have Jack Scott of California, along with his associate Doug Casey, visit St Kitts to provide treatments with what was described as a myomatic machine. Dr Astaphan explained that this machine was a transcutaneous electrical nerve stimulator, but, in his opinion, the treatments, which were given over about five days, did not do any particular good.

Much publicity was focused on Mr Scott after the Olympic Games and during the course of this Inquiry, when it was revealed that he had also had some connection as a therapist to Carl Lewis of the United States prior to the Olympic Games. Mr Scott made himself available to my investigators for an interview and it was decided that nothing would be gained by calling him as a witness. I am satisfied that Mr Scott's relationship to Mr Lewis and his treatment of Mr Johnson with the myomatic machine, while appearing intriguing, were purely coincidental and irrelevant to the events which transpired.

Mr Johnson testified that, during this second visit to St Kitts in June, he received various pills and injections from Dr Astaphan. Included in the treatments were injections of "estragol."

SUMMER OF 1988

Mr Johnson returned to Toronto from St Kitts in late June and Mr Francis returned a couple of days later from Europe. At a meeting arranged by Mr Earl, Mr Francis and Mr Johnson agreed to resolve their differences and Mr Johnson began training the same day under Mr Francis. At about this same time, Mr Earl undertook to deal with other members of the Johnson entourage in order to consolidate the group which had been almost split asunder by the events of May and June. In late June and in July, therefore, he had meetings with Mr Heidebrecht, Mr Matuszewski, and Dr Astaphan.

Mr Earl said he tried to emphasize with each of the people in the entourage, including Mr Francis, that they should confine their activities to their particular area of expertise. Also, because there had been adverse press comment about the group, including a suggestion that Mr Johnson was on steroids, each was told to confine his statements to the media to his own specialty.

As far as Dr Astaphan was concerned, there was an outstanding issue over what, if anything, he would be paid for his future medical services. In May, Mr Heidebrecht arranged for Dr Astaphan to receive U.S.$25,000 from funds obtained from the Mazda company for its sponsorship of the Francis sprinters. The U.S.$25,000 was a bonus which had been promised to Dr Astaphan after the world championships in 1987. However, Mr Earl said that Mr Johnson had asked Dr Astaphan to set aside his practice in St Kitts and be with him up to the time of the Seoul Olympics. Dr Astaphan expected to be paid for his time away from his medical practice. A sum of U.S.$10,000 per month was agreed upon between Mr Johnson and Dr Astaphan.

The agreement was confirmed in writing by Dr Astaphan in a letter, dated July 19, 1988, to Mr Earl. In addition to the U.S.$10,000 per month, Mr Johnson was to pay travel expenses for Dr Astaphan and pay for "all medication(s), nutritional supplement(s), and all other necessary equipment(s) such as bandages, splints, etc." This agreement was sent to the CTFA and payments pursuant to it were made from Mr Johnson's athlete reserve fund.

Mr Earl also arranged for the payment of a sum of U.S.$25,000 to Mr Matuszewski. As with the U.S.$25,000 paid to Dr Astaphan, the money was provided from funds obtained from the Mazda company through arrangements made by Mr Heidebrecht. Mr Earl gave Mr Matuszewski U.S.$18,750 in cash during the Canadian national track and field championships in Ottawa on August 6, 1988. This sum was said to be for payment for services to Mazda-sponsored athletes for the first three-quarters of 1988. The final instalment of U.S.$6250 was to be delivered after the Olympic Games.

At the time that Mr Earl delivered the cash to Mr Matuszewski in Ottawa, he asked him to sign a hand-written document prepared by Mr Earl. The document reads as follows:

> I Waldemar Matuszewski have received from Ross Earl (Mazda Optimist TC) 18,750 US dollars as payment for services to club athletes for the first 3 quarters of 1988. The fourth & final quarter of 6,250 US dollars will be deposited with Les Sosnowski after the Olympic Games. This bonus money has been made available to me through the Mazda Company and in no small way due to the success of Desi [sic] Williams, Angella Taylor, Mark McKoy and especially Ben Johnson. I realize and accept my position in the structure around these athletes and will reserve my comments to my field and within my professional field of expertise. I will make no comments or opinion statements on things that are not in my direct field [and] within my job description that could be construed as negative or damaging to the athletes or the club or any sponsors connected to them. My position (job description) with the club athletes is as a specialist in muscle massage & treatment to relax the muscles and prepare them for an optimum performance. My directions come from coach Charlie Francis and Dr Geo Astaphan. I realise that in working as closely as I do with these athletes that I may from time to time be privy to private and confidential information which will be treated as such with respect to my clients and their unique position in the world. My actions are within the IAAF rules and I will not claim otherwise in the future.

On the same day in Ottawa, Mr Earl requested Dr Astaphan to sign a handwritten document, which reads:

> I Doctor George Astaphan as the chief physician of Ben Johnson and the person most responsible for his physical and mental well being will make statements only which pertain to my professional position about the athlete. I understand the job description [and] can fulfill my committment to Ben. I realise that in working as closely as I do with this athlete I may find myself from time to time to be privy to private and confidential information which will be treated as such with respect to my client and his unique position in the world. My actions are within the IAAF rules and I will not claim otherwise in the future.

Mr Earl's explanation for asking Mr Matuszewski and Dr Astaphan to sign these documents was evasive, as were his reasons for including the last two sentences in each document. Dr Astaphan testified that at the time he was asked to sign he was at the side of the track in Ottawa, watching Mr Johnson warm up for the competition, and that he signed the document without reading it. He agreed that some of the language in the document appeared to be there so that he would not reveal publicly that Mr Johnson was on steroids. He acknowledged that his actions were not within the IAAF rules. He said that he would not have signed the document if he had read it. When Mr Matuszewski testified, he said that he understood the statement signed by him meant he should keep confidential the fact that some of the athletes he was assisting were using steroids.

It is quite clear that Mr Earl was trying to guard against Dr Astaphan's or Mr Matuszewski's going public with the fact that Mr Johnson was taking steroids.

By this time, Mr Francis had also received the sum of U.S.$20,000, which appears to have been arranged for him by Mr Heidebrecht and paid out of funds provided by the sponsor. Mr Francis testified that Mr Johnson was fully aware of this payment.

COMPETITIONS PRIOR TO SEOUL

Mr Johnson's first race after his Tokyo injury was at the Canadian national championships on August 6, 1988, in Ottawa. He won the 100 metre event in a wind-aided time of 9.90 seconds. Mr Francis was satisfied with his performance and believed he was on schedule in his preparation for Seoul. After the nationals, Mr Johnson and the other members of the Francis sprint group left immediately to compete in meets in Italy, Switzerland, and Germany.

At the first meet in Sestriere, Italy, on August 11, Mr Johnson won the 100 metres in 9.98 seconds. The next race for him was in Cessanatico, Italy, on August 13, where he ran in a 4 x 100 metre relay.

There was still concern about the state of his injured leg and whether it had been adversely affected by the race in Cessanatico. Discussions took place whether he should compete in a much-publicized race to be held on August 17 in Zurich against Carl Lewis of the United States. On Dr Astaphan's advice, Mr Johnson decided to run. Mr Lewis finished first in a time of 9.93 seconds, Calvin Smith, also of the United States, was second in 9.97 seconds, and Mr Johnson finished third in a time of 10.00 seconds. His performance had deteriorated from that in Sestriere. Desai Williams finished seventh in the same race. Angella Issajenko ran in the women's 100 metres, but was unable to perform well because of a hamstring injury.

After Zurich, Ms Issajenko returned home to take a few days' rest and receive treatment for her injury. Mr Johnson and the others went to Cologne, and Mr Johnson competed there on August 21. Calvin Smith of the United States was first and Dennis Mitchell of Great Britain was second. Mr Johnson ran third in a time of 10.26 seconds, a further deterioration in his performance. Mr Williams was fourth in a time of 10.28 seconds. Mr Francis testified that he had expected Mr Johnson to win this race easily.

In Cologne, Mark McKoy entered the 100 metre race because there was no hurdles competition. Although he ran well in his heat, he suffered a slight strain to his hamstring and stopped after about 60 metres in the final heat.

Following the competition in Cologne, the Francis group decided to withdraw from the final European meet scheduled to be held in Berlin and return to Toronto. Mr Francis was concerned with the condition of his athletes and the somewhat hectic European schedule which had started with the meet at high altitude in Sestriere in the Italian Alps. He felt there had not been an adequate rest period after the Canadian national championships. He described the decision to return home as follows:

> We cancelled the competition. It was clear that a problem had been ensuing and we had an injury to Angella Issajenko. We had the problem, the slight injury to Mark, and we had Ben deteriorating.
>
> Further, it wasn't — we believed that this altitude scenario was confirmed by other athletes who also appeared to have problems. The other Canadians who had come over to Europe and run in Sestriere had problems with the one exception which was Jillian Richardson simply because she ran a 200 metres dual meet rather than her usual event which was 400. And she stayed out of Zurich and rested and ran only in Cologne. So she was the only one of the Canadians who appeared to be on target.
>
> So, I tried to evaluate not only what happened to my athletes, but in fact what happened to all the athletes who went on this same roundabout. And my conclusion was that the altitude trip and the short break was the main contributing factor in the performances.

At the conclusion of the European tour, the Francis group was less than one month from the start of the Olympic Games. Messrs Johnson and McKoy and Ms Issajenko had each had disappointments on the European circuit. The greatest concern was for Mr Johnson and Ms Issajenko. Mr Johnson appeared to be deteriorating in each of his races and Ms Issajenko had gone home immediately after Zurich with a hamstring injury.

THE LAST STEROID PROGRAM

Dr Astaphan and Messrs Francis, Matuszewski, and Johnson returned to Toronto on August 22. Ms Issajenko had returned a few days earlier. The group was scheduled to leave for the Canadian Olympic team staging camp in Vancouver on September 6. From Vancouver they would go to Tokyo, where they would do further training and participate in a preparatory track meet on September 14 before moving on to Seoul.

It was decided to embark on a short steroid program. Mr Francis designed the training program for each of his athletes to follow after their arrival in Toronto and before their departure for Seoul. Dr Astaphan designed a program of inosine, "estragol," and growth hormone for Ben Johnson, Angella Issajenko, Desai Williams, and Mark McKoy. As Dr Astaphan explained, "We decided to put them on a very quick program. The rationale was that . . . they had just completed a very strenuous trip, including the running parts of it, and they needed a little bit of rehabilitation and rebuilding."

The program was discussed on the way back from Europe and then at an informal meeting at the York University high-performance centre at which it appears Dr Astaphan, Ms Issajenko, and Messrs Francis, Johnson, McKoy, and perhaps Mr Williams were present. Dr Astaphan stated that he provided each of the athletes with a handwritten sheet, and that Mr McKoy and Mr Williams shared a sheet, setting out the protocol for the taking of inosine, "estragol," and growth hormone. Each sheet advised the athletes when to take the particular substance and in what amount. The original protocol sheet for Ms Issajenko was filed as an exhibit in the Inquiry. At the top of the sheet were the following three headings:

E G I

Under each heading, the dates on which the respective drugs were to be taken and the dosages were set forth. "E" stood for "estragol," "G" stood for growth hormone, and "I" stood for inosine.

At the time that the protocol sheets were handed out, Dr Astaphan provided Ms Issajenko with a bottle of growth hormone for which she paid him U.S.$1000. He also provided growth hormone to Mr McKoy and Mr Williams, although there is some question whether he provided them with a bottle each or one bottle between them. In any event, Mr McKoy and Mr Williams received the growth hormone from Dr Astaphan. At that time, he did not provide any growth hormone for Mr Johnson because he already had a supply.

Although the protocol sheet for Mr Johnson was not available at the time of the Inquiry, Mr Francis testified that he gave Mr Johnson an "estragol" and inosine injection on August 24 in his apartment. Dr Astaphan testified that he gave Mr Johnson two "estragol" injections, between August 25 and August 28.

While he was in Toronto during this period, Dr Astaphan gave Mr Johnson, Ms Issajenko, and Mr Williams (Mr Williams was to share his supply with Mr McKoy) a prescription for a drug called Moduret. Moduret is a diuretic and therefore a banned substance. This was a departure from the normal medications which Dr Astaphan's athletes received. It was obviously given to the athletes to speed up the excretion of the steroids from their systems.

During the same period, Dr Astaphan made arrangements for these athletes to attend at the offices of a Toronto physician, Dr John Fenn, to receive diapulse treatment. They all presented themselves at Dr Fenn's office. These visits were also unique in that for the first time the athletes were sent out for diapulse treatment, although Dr Astaphan himself at one time had such a machine in his office. The treatment was intended to aid in flushing the steroids from their systems. When the group was in Tokyo prior to leaving for Seoul, there was further evidence that additional supplies of diuretic pills were supplied by Dr Astaphan. Although he denied this, I accept the evidence of the athletes who so testified.

While the group was still in Tokyo, Dr Astaphan had a few bottles of vinegar and honey with him. Mr McKoy testified that he understood the mixture of vinegar and honey was a masking agent and that Dr Astaphan asked him to carry one of those bottles to Seoul. Mr McKoy did so, and later testified:

> And then prior to, prior to the final of the 100 metres I gave it to Desai. And I said, "Jamie told me to give this to you guys for after the 100 metres." And I believe I said something like, you know, you don't need it anyways, so just give it to Ben.

Mr Johnson received the bottle of vinegar and honey from Mr Williams just before he ran the 100 metre final. He stated:

> Well, the day of the race in Seoul, I was in the area where they call all the athletes in, and Desai came up to me with a water bottle and asked me that Jamie said I must drink this vinegar and honey.

Mr Johnson testified that he did not know what the bottle of vinegar and honey was for and that he did not drink it.

The designing of a quick steroid program so close to a competition was inconsistent with past practices. It was apparent that on their return from Europe, Dr Astaphan and Mr Francis concluded that Mr Johnson did not appear to be ready at that time to win a gold medal at the Olympic Games. There had been a dramatic deterioration in his performance, and I think they panicked. They were within one month of the Olympics and the date for the final heat in the 100 metres event was scheduled for September 24, 1988 (South Korea time). To embark on a steroid program so close to a competition was risky and they knew it. With three injections of "estragol" having been given, one on August 24 and two between August 25 and August 28 (Toronto time), the last probably on August 28, there was less than the usual assumed clearance time of twenty-eight clear days before the final 100 metre event (September 23, Toronto time). They obviously hoped that the diuretics and the diapulse treatment would flush out the steroids from Mr Johnson's system within that period of time. The vinegar and honey mixture was also intended as a masking agent. As the test results showed, however, their plan failed.

Ms Issajenko testified that while she was in Korea and after learning of Mr Johnson's positive test, she discussed the possibility of sabotage with Mr Williams. With respect to that conversation, she testified:

> And Desai said to me that he did not believe it was sabotage. He said I (Williams) passed with twenty-eight days at the Nationals, I gave it twenty-eight days here, and *I just think Ben and Jamie cut it too close*. [Emphasis added]

Although Mr Williams denied making this comment, I accept Ms Issajenko's evidence that he did. Mr Williams was right when he concluded that "Ben and Jamie cut it too close."

There remains to be considered Dr Astaphan's contention that at the relevant time he was administering "estragol" and not stanozolol to Mr Johnson.

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"Estragol"

Throughout his testimony, Dr Astaphan insisted that although metabolites of stanozolol had been detected in Mr Johnson's urine sample in Seoul, the injectable steroid he was administering to Mr Johnson was not stanozolol. According to Dr Astaphan, it followed that Mr Johnson must have obtained stanozolol from some other source, and that he was in no way responsible for the positive test.

Dr Astaphan testified that in 1985 he received a telephone call from a man in Montreal who said he had an athlete from the Eastern Bloc (East Germany) who wanted to obtain a quantity of Dr Astaphan's inosine/vitamin B-12 mixture. In return, this athlete was prepared to exchange a quantity of an injectable steroid used by certain elite East German athletes. The man from Montreal, together with the East German athlete, arrived in Toronto the next day and Dr Astaphan received forty-eight vials of the steroid in return for 144 bottles of the inosine/vitamin B-12 mixture.

According to Dr Astaphan, the injectable steroid was in fact furazabol, which was manufactured in Japan by the Daiichi Seiyaku Company of Tokyo under the trade name Miotolon. He reached an understanding with the East German that he would refer to the drug as "estragol" so that the U.S. competition would not find out about it.

When Dr Astaphan received the vials, the East German had taken the labels off and had kept them. Dr Astaphan claimed he had read the package insert and also an excerpt from a pharmaceutical compendium. The East German told Dr Astaphan the doses they had been using in Germany, the regimen they had followed for almost four years, and the results they had obtained from using this drug. Dr Astaphan further testified that the East German team which used the drug "had definitely come to prominence in the past four or five years." He would not disclose the name of either his friend in Montreal or the East German, stating that he refused to do so because his personal security and that of his family were at risk.

Dr Astaphan claimed that the drug was an anabolic steroid similar in chemical structure to stanozolol, but that it did not have the same androgenic side effects. He said he had read a copy of a clipping from an Italian text called *Repertorio Terapeutico*, which contained some information about it, and that he had discussed the drug with a Canadian doctor, whom he believed to be knowledgeable, and with some Eastern European and U.S. physicians. He learned that the clearance time for the drug was a maximum of eleven days, although he claimed to have known one athlete who passed a drug test administered by the IOC only three days after receiving this drug. As a result of the information he received, he made a decision to introduce this injectable steroid drug to his athlete patients.

Dr Astaphan admitted that in describing the drug to his athlete patients, he used the name "estragol." He said he told Mr Francis and the athletes, however, that "estragol" was an assumed name and that it was actually furazabol, a drug manufactured in Japan which was similar in chemical structure to stanozolol.

Mr Francis and the athletes who testified all knew the drug to be an anabolic steroid. They knew it only under its assumed name of "estragol." It is quite clear from the evidence that they all believed the name of the anabolic steroid to be "estragol," but referred to it as "the milky white stuff" or "the milky white substance."

When Commission counsel first learned of Dr Astaphan's contention that it was the drug furazabol he was injecting into his athlete patients, an inquiry was commenced into the possibility that the laboratory in Seoul had mistaken stanozolol for furazabol. From Mr Johnson's point of view, this was an academic exercise. He understood that he was being injected with an anabolic steroid, and, even if furazabol had been detected, he would still have been disqualified. For this reason, his counsel quite properly did not pursue this issue. In light of Dr Astaphan's contention, however, it was felt necessary to investigate the matter.

The drug being administered by Dr Astaphan was an injectable steroid which came in 30 mL vials. After considerable effort, samples of furazabol in tablet form were obtained by the Commission. Furazabol as an injectable steroid was unobtainable.

Tests were conducted on behalf of the Commission at the drug-testing laboratory of the Foothills Hospital in Calgary and the Vanderbilt Laboratory in Nashville, Tennessee, both of which had special expertise in such matters. They reported that furazabol detection could not be confused with stanozolol or stanozolol metabolite detection by standard doping control gas chromatography/mass spectrometry procedures, the procedure which had been applied in the laboratory in Seoul. This confirmed that there had been no mistake in the analysis made in Seoul. The analysis of Mr Johnson's urine sample detected stanozolol and not furazabol.

Further inquiries were made about the drug furazabol. As I stated earlier, samples of these drugs in tablet form were obtained, but no furazabol in injectable form could be found. Although at one time injectable furazabol was manufactured for the Japanese market by Daiichi, it was discontinued in 1980. Furthermore, injectable furazabol only came in single-use vials and was never manufactured in 30 mL vials. Since it was manufactured for Japanese purposes only, the labels and the package insert were only in the Japanese language. I am satisfied that Dr Astaphan never purchased 30 mL vials of furazabol from the East German athlete as he contended.

When Dr Astaphan gave up his practice in Toronto in 1986 and moved back to St Kitts, he gave Mr Francis a large supply of the inosine/vitamin B-12 mixture and of 30 mL vials of "estragol." Dr Astaphan also gave a vial of "estragol" to Mr Johnson for his own use.

Mr Francis, in Dr Astaphan's absence, took on the responsibility of injecting the athletes with "estragol." He did so in his apartment in Toronto in a clandestine fashion. The athletes described how they visited Mr Francis at his apartment and secretly went to his bedroom, where they received the injections. Because many athletes who were not on steroids also visited Mr Francis, there was concern that one or more of these athletes might observe the use of steroid drugs by the other athletes. In the spring of 1988, then, Mr Francis kept one of the vials in his own possession and turned over the remaining vials of "estragol," which he had obtained from Dr Astaphan, to Ms Issajenko to store for him.

On November 22, 1988, Ms Issajenko handed over to Commission investigators twelve vials of "estragol," the balance of what she had received from Mr Francis. These vials were filed as exhibits. When the vials were shaken, the substance gave the appearance of a "milky white substance." The athletes who testified they had received injections of anabolic steroids from Dr Astaphan identified the vials obtained from Ms Issajenko as being identical to the vials used by Dr Astaphan when he was injecting them with "estragol."

Although Dr Astaphan admitted that before returning to St Kitts he had given Mr Francis a large supply of the 30 mL vials of the "milky white substance," his counsel challenged the continuity of possession of those vials before the Commission. He suggested that the vials Ms Issajenko handed over to Commission investigators were not the vials she had obtained from Mr Francis. There is no doubt in my mind, however, about the continuity of the exhibits, and I am satisfied that the vials Ms Issajenko handed over to the Commission were the vials she received from Mr Francis.

The twelve vials of the substance obtained from Ms Issajenko were taken to the Health Protection branch of Health and Welfare Canada for analysis. The milky white substance in each of the twelve vials was analysed and a certificate of analysis disclosed that the substance in each vial was found to contain stanozolol.

As part of the Commission's inquiry into the source of anabolic steroids, investigators visited pharmaceutical suppliers to find out to whom they were selling the product and in what quantities. As mentioned earlier, the trade name for stanozolol in Canada is Winstrol and it is sold by Sterling Drug Ltd of Aurora, Ontario. Stanozolol tablets for human use are sold under the trade name Winstrol. Stanozolol tablets for veterinary use are sold under the name Winstrol-V. Stanozolol in injectable form is also sold under the trade name Winstrol-V and is manufactured for veterinary use only. It is different in composition from the tablet form of Winstrol and Winstrol-V. There is no injectable form of Winstrol manufactured for human use.

The sales records of Sterling Drug Ltd, entered in evidence, revealed that between 1985 and 1987 Dr Astaphan had purchased sixty-eight vials (30 mL per vial) of injectable Winstrol-V and sixty-five bottles (100 tablets per bottle) of Winstrol-V tablets. In explaining his purchase of Winstrol products for veterinary use, Dr Astaphan claimed that he had obtained them for a friend in St Kitts, Don Hiatt, who used them to fatten up his animals prior to selling them in the island market. At Dr Astaphan's request, Mr Hiatt was called as a witness and purported to confirm Dr Astaphan's evidence in that respect. All that need be said about Mr Hiatt's evidence is that it was completely incredible.

Dr Astaphan denied giving any drugs manufactured for veterinary use to any athlete. Tim Bethune, who competed in the 400 metre events, testified that he had visited Dr Astaphan to obtain anabolic steroids from him. He said that in his earlier visits he received little pink pills from Dr Astaphan, which he understood to be anabolic steroids, but he was not told what drug it was. On one visit, however, after being given a supply of pills, he noticed that Dr Astaphan had thrown the bottle from which he had taken the pills into the wastepaper basket. Out of curiosity, he asked to see the bottle and noticed that the label described the contents as being Winstrol-V tablets manufactured for veterinary use only. Although this was denied by Dr Astaphan, I accept the evidence of Mr Bethune. Dr Astaphan admittedly had Winstrol-V tablets in his possession, and Mr Bethune could not have known about that unless he had actually seen the bottle and the label.

Samples of injectable Winstrol-V were obtained from Sterling Drug Ltd and filed as exhibits. The vials were identical to those provided to the Commission by Ms Issajenko. When the contents were shaken, they also gave the appearance of a milky white substance.

Andrew Holmes, a chemist in the Forensic Laboratory of the Health Protection branch, conducted further analyses of the substances in five of the twelve vials obtained from Ms Issajenko. He also reported that they contained stanozolol. He was asked to conduct a similar analysis of the injectable anabolic steroid Winstrol-V which had been obtained from Sterling Drug Ltd. He was also asked to analyse the components of the substance of the five vials obtained from Ms Issajenko and compare them with the components of the injectable steroid Winstrol-V.

As with the earlier analyses by the Health Protection branch, the analyses carried out by Mr Holmes established that each of the five vials obtained from Ms Issajenko contained stanozolol, as did the substance in the vial obtained from Sterling Drug Ltd under the trade name Winstrol-V. His analyses of the contents of the vials obtained from Ms Issajenko disclosed that in addition to stanozolol there were present water, sodium chloride, thimerosal, and polysorbate 80. The components of injectable Winstrol-V are stanozolol, water, sodium chloride, thimerosal, and polysorbate 80. In other words, the substances obtained from Ms Issajenko are identical to injectable Winstrol-V.

Notwithstanding his protestations to the contrary, I am satisfied that when Dr Astaphan introduced "estragol" to his athlete patients in 1985, he was in fact administering stanozolol and that, even more disturbing, the stanozolol he was administering was the injectable Winstrol-V which he had purchased from Sterling Drug Ltd. I am also satisfied that Dr Astaphan never told the athletes that the drug he was providing to them was in fact a veterinary product.

The injections given to Mr Johnson by Mr Francis and Dr Astaphan in Toronto in August 1988 were injections of stanozolol. The analysis of the sample taken in Seoul indicating long-term use of steroids by Mr Johnson is consistent with the foregoing evidence.

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Other Track Athletes

In addition to Angella Issajenko and Ben Johnson, other track athletes testified before the Inquiry. Many had been involved in the use of anabolic steroids and other performance-enhancing drugs. This group included Tony Issajenko, Molly Killingbeck, Dave McKnight, Tony Sharpe, Michael Sokolowski, and Cheryl Thibedeau. I do not propose to deal with each of these athletes individually, since little can be gained from a detailed recital of each individual's involvement with performance-enhancing substances. This does not mean that their evidence was not important. On the contrary, these witnesses gave significant evidence of their own use of performance-enhancing drugs, the use of such drugs by others, and the circumstances surrounding such use. Their evidence was invaluable in helping me assess the nature and scope of the problem.

I will deal specifically with the involvement in the use of performance-enhancing substances by Desai Williams, Mark McKoy, and Julie Rocheleau. These athletes were members of the Canadian Olympic team in 1988 and, therefore, occupied significant positions in the sport of track and field. Moreover, Messrs Williams and McKoy disputed some of the evidence concerning their alleged drug use, and Julie Rocheleau chose not to appear as a witness at the Inquiry although requested to attend. I believe it is appropriate, therefore, to review the evidence and come to my own conclusions insofar as they relate to the use of banned substances by these athletes. I have already made some reference to Messrs Williams and McKoy, but there is more to their involvement with banned substances. In addition, the evidence of Tim Bethune, already discussed in part, merits further elaboration.

Desai Williams

Desai Williams was one of Canada's leading sprinters. His events were the 100 and 200 metres. In 1983 he held the Canadian record of 10.17 seconds for the 100 metres. He was a member of Canada's Olympic team in 1980, 1984, and 1988. He was a member of the Scarborough Optimist Track and Field Club and was coached by Charlie Francis from 1978 to 1983 and, again, from the fall of 1987 to the Seoul Olympics. He was in the 100 metre final at Seoul.

According to Mr Francis, the possibility of Mr Williams's commencing an anabolic steroid program arose in a discussion between them in the late summer or early fall of 1981. As in the case of Ms Issajenko and others, Mr Francis suggested to Mr Williams that he see Dr Gunther Koch and discuss with him the merits of taking anabolic steroids. Mr Williams denied that he had such a discussion with Mr Francis, although he admitted going to the doctor's office. Mr Williams also denied that he had gone to Dr Koch's office for the purpose of discussing a steroid program, but the doctor's notes of a visit in April 1982 suggest otherwise. They reflect the fact that Mr Williams asked about going on a program of Dianabol. Mr Williams suggested that he was unaware of the purpose of the visit to Dr Koch's office and implied that Mr Francis had somehow tricked him into going. He agreed that there was a discussion about anabolic steroids, but stated that it was solely between Mr Francis and Dr Koch and that he did not take part. He did agree that the doctor, as is reflected in his notes, had suggested steroids were not necessary for him.

Dr Koch testified that during the visit Mr Williams provided him with a requisition for certain laboratory tests. Subsequently, Dr Koch received a report from the laboratory, which he produced from his files. Mr Williams denied that he ever received such a requisition or visited the laboratory.

Mr Williams admitted that after leaving the doctor's office, Mr Francis provided him with a bottle of steroid tablets but claimed that he threw them away when he got home. During 1982 Mr Francis certainly assumed that Mr Williams was taking anabolic steroids. Mr Williams admitted that he led Mr Francis to believe this, but claimed he did so because he thought that otherwise Mr Francis would not coach him. In the spring of 1982 Mr Francis again provided him with a bottle of steroid tablets. Mr Williams took the bottle home but he testified that he did not take any of the tablets.

Mr Francis recalled a discussion in the summer of 1982 with Ms Issajenko, Mr Sharpe, and Mr Williams about the reactions of the athletes to Winstrol and, in particular, the stiffness that it caused. Mr Williams denied being part of that discussion.

The evidence of Mr Williams that he did not take anabolic steroids as early as 1982 was contradicted by both Dr Koch and Mr Francis. I accept the doctor's evidence and that of Mr Williams's coach and find that Mr Williams did go on an anabolic steroid program sometime after his visit to the office of Dr Koch in 1982.

Mr Williams left the Francis group in the fall of 1983 because he felt Mr Francis was not showing sufficient interest in his training. He said he disagreed with Mr Francis about the use of drugs. Thereafter he coached himself until the fall of 1987.

At the 1987 world championships in Rome, Mr Williams discussed anabolic steroids with a group of international throwers. At that point, he was frustrated and was considering using anabolic steroids. He commented:

> Well, I mean you see guys that, you know, you are beating, you know, consistently and all of a sudden you get to this, you know, this meet and, you know, you know they are kicking your butts, basically. So you know, something had to be — my interpretation of it was, hey, you know, if you can't beat them, you know, join them.

He obtained some Anavar tablets from one of the throwers. He intended to take the Anavar when he returned to Canada, but said he did not use it.

When he returned to Canada in mid-September 1987, he and Mark McKoy met with Charlie Francis and told him they wished to rejoin his group and "try something totally different now." Mr Francis outlined the steroid program his athletes had been on for years and recommended that they begin a program of "estragol."

In the fall of 1987 Mr Williams, together with Mr McKoy, began to receive injections of anabolic steroids and the inosine and vitamin B-12 mixture from Mr Francis.

Mr Williams noted that the steroids increased his strength and shortened his recovery time, but, because of an injury, he did not complete the cycle. He denied taking steroids at any time after the fall of 1987. His actions up to the time of the Seoul Olympics suggest the contrary.

Mr Williams conceded that he met with Angella Issajenko, Molly Killingbeck, and Mark McKoy at Ms Issajenko's house in February 1988 in order to discuss the next cycle of steroids. He participated in the discussion and brought up the question of the use of Anavar. While the others assumed he would continue on a cycle of "estragol," he testified that he did not take any "estragol" after that meeting. In the spring of 1988, however, Mr Francis gave Mr McKoy and Mr Williams a vial of "estragol" for use by themselves and another athlete. Again, Mr Williams denied taking the "estragol."

Upon his return from the European circuit in August 1988, he was aware of the plan formulated by Dr Astaphan to fit in a further steroid cycle prior to the Seoul Olympics. However, Mr Williams testified that he was completely unaware that Mr McKoy had received a handwritten protocol and a vial of human growth hormone from Dr Astaphan for the use of the two of them.

As already stated, Dr Astaphan prescribed the diuretic Moduret for Mr Williams and others in August. Mr Williams did acknowledge that he received a prescription from Dr Astaphan, which he had filled at a pharmacy. He claimed that it was for a laxative and another drug but said that he did not know what the other drug was and that he did not take it.

According to Mr McKoy's evidence, Mr Williams also visited the office of Dr John Fenn, where he received diapulse treatment prior to leaving for Seoul.

I have already mentioned Mr Williams's involvement in receiving a bottle of honey and vinegar from Mr McKoy at the Seoul Olympics for his and Mr Johnson's consumption. He understood that they were to drink it after the 100 metre final. Mr Williams said that he gave the bottle to Mr Johnson while they were in the call room in the stadium and that Mr Johnson simply left it there on a bench. He said that neither of them consumed any of the honey and vinegar.

I have also mentioned Ms Issajenko's evidence of her conversation with Mr Williams after Mr Johnson tested positive. Mr Williams said in part that he "gave it twenty-eight days" at Seoul. He was obviously referring to the clearance time he allowed himself after taking anabolic steroids in August. Mr Williams denied having this conversation.

After considering the evidence of Mr Francis, Ms Issajenko, and Dr Astaphan and Mr Williams's own admission to Ms Issajenko, I am satisfied that Mr Williams was using anabolic steroids not only in the fall of 1987 but also during the spring and summer of 1988 prior to the Seoul Olympics. I am also satisfied that before leaving for Seoul he took growth hormone and a diuretic.

Mark McKoy

Between 1982 and 1986 Mark McKoy was among the top five hurdlers in the world. In 1987 and 1988 he was ranked third in the world. He was selected for the Canadian Olympic team in 1980, 1984, and 1988 and was expected to win a medal at Seoul. Mr McKoy finished seventh in the finals of the 110 metre hurdles on the same day it became known that Ben Johnson had tested positive. He was to participate in the men's 4 x 100 metre relay event, which was scheduled to take place after the public announcement of Johnson's positive test. Mr McKoy left Seoul before competing in that event. He denied that his poor finish in the hurdles and early departure were related to a desire to avoid being tested.

Mr McKoy had been a member of the Scarborough Optimist Track and Field Club since 1977 and was coached by Charlie Francis between 1978 and 1981. However, he left Mr Francis in 1981 as a result of a disagreement over training methods. During the winter of 1982 he received coaching at the University of Toronto track club, and then for about one year he was coached at York University. Between 1983 and 1987 he had no coach. He was disappointed with his performances in those years and felt that he had not lived up to his potential to become the top hurdler in the world. In the fall of 1987 Mr McKoy decided to return to Mr Francis because he thought he needed a coach who would provide some structure to his training. He had also heard rumours about anabolic steroid use among Mr Francis's athletes and thought that a steroid program would help him.

As already mentioned, Mr McKoy and Mr Williams both discussed the use of anabolic steroids with Mr Francis in the fall of 1987, and they agreed to go on a steroid program and have their injections of "estragol" administered by Mr Francis at his apartment. Mr McKoy also received injections of inosine and vitamin B-12 from Mr Francis. Mr McKoy noted increased muscle bulk as a result of the steroid program, but testified that he did not believe it improved his performance times. There were a number of witnesses during the course of the Inquiry who commented on the changes in Mr McKoy's physique within a relatively short period in early 1988.

Like Mr Williams, Mr McKoy insisted that he did not take any further anabolic steroids after the cycle in the fall of 1987, but like Mr Williams his actions painted a different picture. Certainly Mr Francis and the other athletes were led to believe by Mr McKoy that he was using anabolic steroids up until the Seoul Olympics. He conceded that he participated in the meeting in February 1988 at Ms Issajenko's house to discuss the next cycle of steroids. He also admitted that he and Mr Williams obtained a vial of "estragol" from Mr Francis in the spring of 1988 but denied that he took any of it. He said that he and Mr Williams did not tell the others that they were not taking steroids because they did not want to cause friction within the group a few months before the Olympics.

As already discussed, after Mr McKoy returned from the European track circuit in late August 1988, he attended a meeting at York University with Dr Astaphan and others where Dr Astaphan gave him a vial of growth hormone and a handwritten protocol for the next cycle of drugs and vitamins prior to the Seoul Olympics. Mr McKoy agreed to pay Dr Astaphan $1000 for the vial of growth hormone for himself and Mr Williams. Mr McKoy denied taking any of the growth hormone and he also denied taking any "estragol," which was included in the protocol. He was aware that Mr Williams had obtained some diuretic tablets at about this time for their joint use, although he claimed not to have taken any of them. I have also previously mentioned that Mr McKoy visited the offices of Dr John Fenn for diapulse treatment prior to leaving for Seoul.

I am satisfied that Mr McKoy did take anabolic steroids in the spring and summer of 1988 up to the Seoul Olympics. I am also satisfied that he took growth hormone and a diuretic in the period immediately before the Olympics.

Tim Bethune

Tim Bethune was a 400 metre sprinter and a member of the Etobicoke Striders Track and Field Club. He was coached by Brian McKinnon. In 1981 he was ranked first in Canada in the 400 metres. He was a carded athlete and a member of the 1984 Canadian Olympic team.

In 1985, at the world student games in Japan, he heard from two Canadian athletes, Mike Dwyer and Mike Spiritoso, about extensive anabolic steroid use among Canadian sprinters and throwers. They discussed the prevalent rumours about drug use by Mr Francis's athletes and advised Mr Bethune that Dr Astaphan was the source of supply of anabolic steroids to Mr Francis's athletes. Out of curiosity, Mr Bethune decided to check this information by seeing Dr Astaphan himself. At that time, he was not an active competitor. In fact, he had made a decision to retire from sprinting because Sport Canada had cut his funding as a carded athlete.

In September 1985 he made an appointment with Dr Astaphan. When he went to the doctor's office, he told Dr Astaphan that he would like to go on Ben Johnson's program. He had no idea what the program was. After he was advised by Dr Astaphan that certain laboratory tests were satisfactory, he began to receive injections the doctor told him were growth hormone and tablets he understood were anabolic steroids.

Mr Bethune advised Mr McKinnon that he was on an anabolic steroid program. Mr McKinnon testified that, although he was strongly against the use of steroids, he went to see Dr Astaphan along with Mr Bethune in October 1985 because Mr Bethune told him Dr Astaphan wished to meet him. He talked to Dr Astaphan about the extent of anabolic steroid use in sport and observed Dr Astaphan provide tablets and prepare an injection for

Mr Bethune. Mr McKinnon testified that he later told Mr Bethune to request more tablets from Dr Astaphan to find out what drug Mr Bethune was receiving. Mr Bethune did so and turned over to Mr McKinnon an envelope containing pink tablets which, as I have already related elsewhere in this report, came from a container marked "For Veterinary Use Only." Mr McKinnon said he subsequently discarded the tablets but did locate one tablet and provided it to the Commission for an analysis. The analysis established that the tablet contained the anabolic steroid stanozolol.

Dr Astaphan testified that he did give Mr Bethune Dianabol tablets and injections of inosine and vitamin B-12 but denied that he provided Winstrol-V tablets. I have already indicated that I accept Mr Bethune's evidence that he received Winstrol-V tablets from Dr Astaphan.

Julie Rocheleau

Quebec athlete Julie Rocheleau was one of Canada's foremost sprinters and hurdlers. In 1989 she set a new Canadian record of 12.78 seconds in the 100 metre hurdles. In 1988 she had a very good performance at the Seoul Olympics, placing sixth in the 100 metre hurdles. That year she moved to Switzerland.

During the preparatory investigation before the public hearings of this Inquiry, allegations were raised about the use by Ms Rocheleau of banned drugs. As a member of Canada's Olympic team at Seoul, Ms Rocheleau fell squarely within my terms of reference, and thus it was important to investigate the allegations.

Jacques Demers, a Quebec weightlifter whose evidence has been reviewed earlier in this report, had become an acquaintance of Ms Rocheleau while training with her at the Claude Robillard Centre in Montreal. He also became one of her sources of information about banned substances.

In June 1988 Mr Demers told her he had made his first purchase of growth hormone. She expressed a particular interest in growth hormone and he referred her to his own source of supply, Steve Brisbois, a bodybuilder from Toronto. Ms Rocheleau, using a false name, called Mr Brisbois and ordered two vials of growth hormone from him for a total of $1400. When she learned it would take time for the growth hormone to be delivered, and given the short time remaining before the Seoul Olympics, Ms Rocheleau sought Mr Demers's help in obtaining another source who could deliver it quickly. He referred her to his friend, Benoît Lévesque.

Mr Lévesque, a Quebec bodybuilder, gave evidence of his dealings with Ms Rocheleau. He first met her in June 1988. She telephoned him but again used a false name. She asked him to obtain growth hormone, saying she wanted it for Jacques Demers. Mr Lévesque eventually agreed to obtain growth hormone for her at $2000 for two 10 mL vials. He testified that the growth hormone came from Italy via his contact in New York. He met her again two weeks later, before he had obtained the growth hormone, at which time she purchased a bottle of Winstrol tablets from him. She told him she was using Winstrol-V and Primobolan and they had greatly increased her strength. At that meeting, she revealed her real name and said it was very important to keep her identity secret to protect her public image.

In early August she called him again, requesting more growth hormone and claiming it was for Jacques Demers who, at the time, was training in Czechoslovakia. Mr Lévesque obtained the growth hormone, this time made in Sweden and procured from a California source, but gave it directly to Mr Demers on his return from Czechoslovakia. Only when Mr Lévesque asked Mr Demers for full payment did he learn that the growth hormone had all along been intended for Ms Rocheleau.

Before these witnesses testified, Ms Rocheleau was invited to attend the hearings. Through her counsel, she declined. In the spring of 1989, during the Commission hearings, Ms Rocheleau was required to undergo a drug test under the CTFA's newly implemented out-of-competition testing program. As a result, she tested positive for stanozolol, the same anabolic steroid for which Ben Johnson tested positive at Seoul.

15

Athlete Reserve Fund

Track and field competition under the rules of the International Amateur Athletic Federation (IAAF) is restricted to "amateur" athletes. They are permitted to earn money from sport and they remain eligible to compete if the money is deposited in a trust fund until the end of their competitive careers. While actively competing, the athlete may draw on the trust fund only for necessary expenses of training and competition. The Canadian Track and Field Association (CTFA), as a member of the IAAF, has incorporated in its own rules the concept of a trust fund, calling it the Athlete Reserve Fund (ARF). Other sports have similar rules regarding amateur athletes' earnings.

In order to discuss the practical application of the present IAAF rules, it is necessary to set them out in detail:

> Rule 51
> **Definition of Amateur**
>
> An amateur is one who abides by the eligibility rules of the I.A.A.F.
>
> Rule 52
> **Restriction of Competition to Amateurs**
>
> Competition under I.A.A.F. rules is restricted to amateur athletes who are under the jurisdiction of a Member, and who are eligible to compete under I.A.A.F. Rules.
>
> Rule 54
> **Guarantee by National Governing Body**
>
> In any competition under I.A.A.F. Rules, the eligibility of an athlete competing shall be guaranteed by the governing body of the country to which the athlete belongs.

There can be no doubt, after reading rules 51, 52, and 54, that the IAAF intends to distinguish between athletes who are amateurs and those who are not. The restrictions that apply to amateurs set out what they can spend and what they must do with income not spent, as described in these rules:

> **Assistance for Amateur Athletes**
>
> *The following Rules 14–17 are based on the principle that an athlete's health must not suffer, nor must he or she be placed at a social or material disadvantage as a result of his or her preparation for or participation in the sport of athletics. An athlete's national Federation shall control such material and financial assistance as may be reasonable and necessary to assure this.*
>
> Rule 14
> **Expenses**
>
> 1. — The following rules shall apply to expenses allowed to athletes competing in International Meetings under Rule 12 (1): —

These shall be limited to the daily allowance and to the actual outlay for transport, travel, insurance, meals, lodging and a subvention for hardship for the minimum time they are required to be absent from their normal residence.

(*a*) Expenses payable in respect of Meetings under Rule 12 (1)(a), (b), (c), (d), (e), (f) and (g) shall be a matter for decision by the Member or Members concerned.

2. — The daily allowance for the out-of-pocket expenses to athletes must not exceed U.S.$10 or its equivalent in other currencies, payable for the minimum time they are required to be absent from their normal residence.

A specially authorised per diem allowance of up to $50 or its equivalent in local currency may be paid to participating athletes in International Invitation Meetings specifically sanctioned by the I.A.A.F. Council *See Rule 12.1(e)*.

3. — (*a*) National governing bodies must strictly control all financial transactions.

(*b*) The athlete's own national governing body may authorise the national governing body under whose jurisdiction he is for the time being competing to refund to the athlete expenses as defined in paragraph 1.

4. — Payment of expenses in respect of competition under Rule 12.1 paragraphs (e), (f) and (g) is limited to a total of 60 days in each calendar year.

Rule 15
Provision of Equipment and Services

Athletes may accept assistance in the form of equipment and services required for training and competition, subject to the control of the national governing body.

Such assistance may include the following items: —

(*a*) Sports equipment and clothing;

When manufacturers are prepared to provide free issues of implements or personal equipment, distribution shall be controlled through the national governing body.

(*b*) Insurance cover for accidents, illness, disability and personal property;

(*c*) Cost of medical treatment and physiotherapy;

(*d*) Coaches and trainers authorised by the national governing body.

If an athlete is authorised to avail himself of the services of a doctor for medical treatment or a masseur or coach, accounts should be submitted and payments made direct to the doctor, masseur or coach and not through the athlete;

(*e*) Accommodation, Food, Transport, Education and Professional Training.

Rule 16
Subventions to Assist Athletes

1. — Where a national governing body, after full investigation, considers it appropriate, it may provide, or arrange for the provision of a subvention to an athlete to assist him in the expenses incurred in training for or participation in any competition under Rule 12.1 paragraphs (a) to (g).

2. — An athlete must not accept any subvention without the prior permission in writing of his national governing body.

3. — The Council of the I.A.A.F. may request information from Members concerning the payments of any such subventions.

Rule 17
Athletic Funds

1. — Funds may be established for the benefit of athletes. Such "athletic funds" may include monies arising under Rule 53 (viii) or from other permitted sources.

2. — The funds must be held, controlled and administered by a Member Federation. The Member must establish regulations for the administration of the Funds, which must comply with the I.A.A.F. Rules, particularly Rules 14–17, and with its own national, legal and administrative provisions.

3. — A copy of such regulations must be sent for registration to the General Secretary of the I.A.A.F. within three months of the regulations becoming effective.

4. — The Funds may be applied in the provision of assistance to athletes in compliance with Rules 14, 15 and 16.

5. — **If monies in a fund established under this Rule are paid to an athlete or disbursed at his request, except under Rules 14, 15 and 16, the athlete concerned shall automatically cease to be eligible to compete at any level of competition. No reinstatement will be permitted once an athlete has become ineligible under this rule.**

Bye-Laws and Guidelines for Administration of Athletic Funds

NOTE. *The detailed regulations for the administration of athletic funds will depend upon the laws and practice of each country. However the following guidelines should be followed.*

(a) In any contract for sponsorship, equipment, advertising or participation, or any other item for which athletic funds receive a benefit under Rule 53 (viii) only the Member may be a party to the contract with the advertiser or sponsor.

(b) Any monies payable under the contract must be paid to the Member. The contract must not permit the advertiser or his agent to control the events in which the athlete participates.

(c) At the time of establishing the Athletic Funds the following information should be made available.
  (i) detailed administrative arrangements
  (ii) acknowledgement of any obligations to the athlete(s) to the Member, sponsors, etc.

(d) Where a contract entered into required the use of an athlete's name, person or image for advertising purposes, the athlete's consent to the detailed arrangements must be obtained.

(e) Payment of the Athletic Fund to athletes or their personal representatives is permitted in the following circumstances: —

(a) Voluntary retirement from competition.

(b) Unavoidable retirement because of illness or injury.

(c) Death prior to retirement from competition.

(f) Athletes must not assign, charge or mortgage the Athletic Fund or in any way borrow against it.

Rule 17 above refers to Rule 53 (viii) which states:

The following persons are ineligible to take part in competitions whether held under I.A.A.F. rules or the domestic rules of the Member.

Any person who: — . . .

(viii) allows his name, picture or athletic performance to be used for advertising, except when this is connected with a contract for sponsorship or equipment entered into by his national governing body, and any resulting payment or benefit goes to the national governing body.

The national governing body after deducting any percentage considered appropriate, can pay the remaining part of such sponsorship payment or benefit to an athletic fund (*see Rule 17*).

Rule 53 also deems ineligible any person who:

(v) has competed in any sport for pecuniary reward, other than as permitted by I.A.A.F. Rules, or by special sanction of the Council.

However, upon application by a Member, the Council is empowered, in its absolute discretion, to declare eligible any person who is competing or has formerly competed for pecuniary reward in any sport other than athletics.

Reinstatement of professionals in other sports and their eligibility to compete should be done by the I.A.A.F. Council only in exceptional cases, considered case by case, and only if there are vital reasons, submitted officially by the National Federation of the athlete; . . .

(x) accepts directly or indirectly any money or other consideration for expenses or loss of earnings, other than what is permitted under Rules 14, 15 and 16;

(xi) enters into a contract or agreement to compete as a professional athlete.

(xii) **who uses the services of a commercial agent, sponsor or manufacturer to plan, arrange or enter into negotiations on his behalf in connection with his athletic programme.** [Bold emphasis added]

From the language and intent of these rules it would seem that track and field athletes cannot spend large amounts of money and still be eligible to compete. Nor can they use the services of a commercial agent to help them earn money. Under rule 14, daily out-of-pocket expenses at international competitions are limited to U.S.$50. Similarly, provision of equipment and services to an athlete is limited to items listed under rule 15. Such limits would be unnecessary if amateur athletes were to be treated like professionals who can earn and spend money at will. Yet the individuals who administered the Athlete Reserve Fund on a daily basis testified that they did treat some athletes almost like professionals. The way Ben Johnson's finances were handled, in particular, illustrates that the rules were interpreted as if there were virtually no limits.

Glen Bogue, manager of athlete services for the CTFA from August 1983 until October 1986, was responsible for managing the athletes' trust funds and their carding money and monitoring athletes' agents and corporate sponsors. He also represented athletes who did not have their own agents. At the 1983 world championships in Helsinki, for example, he acted as agent for Desai Williams and Mark McKoy. Mr Bogue testified that, when he joined the CTFA, the athletes' trust money was commingled with the general account, and he therefore convinced the president of the association to begin to account separately for the trust funds. Mr Bogue also investigated what system was used in other countries. He cited Kenya as one country that kept the trust money for youth programs, unlike other countries in which the money belonged to the athletes.

Income to the ARF at first was primarily from endorsements of products such as athletic shoes. The athletes were keeping competition earnings to pay their expenses. The shoe contracts, as they were called, were signed three-party agreements between the shoe company, the athlete, and the CTFA; the athletes therefore had no choice but to deposit contractual earnings in the trust fund. By contrast, competition money, such as appearance fees and prizes, was not paid pursuant to contract and was generally received in cash. Mr Bogue said he arranged prompt payment of the athletes' expenses and encouraged them to put all moneys including cash earnings into the trust fund. His biggest fear was that they were evading taxes. He tried to convince them to report the money and put it into the trust fund, where it would remain tax free until they removed it.

According to Mr Bogue, the athletes could apply to the CTFA to receive money for food, rent, medicine, and even car and mortgage payments. He was concerned about the IAAF rule that athletes were limited to expenses for training and competition, but he said that the issue of what was a reasonable expense "never came to me in my period when I was there. There was never an application for it."

Steve Findlay assumed Mr Bogue's responsibilities in December 1986 under a new title, coordinator of athlete services, a position he held at the time he testified. He explained the present operation of the Athlete Reserve Fund, saying that disbursements are governed by rules 15 and 16. Under rule 16, for example, a monthly payment for the athlete's groceries can be authorized. Rule 15 governs expenses directly related to training for competition.

Mr Findlay testified that the sole justification for the use of trust fund money is to provide what athletes need to train and compete. The CTFA, however, interprets rule 15 as allowing continual payments to full-time athletes who train and compete all year round.

Table 15–1 shows the average monthly balance in the CTFA Athlete Reserve Fund.

Taking the 1989 figure in the table as an illustration, 100 athletes have money in the fund but only twenty-four have $1000 or more. Only three have more than $100,000. The average monthly balance is shown because the balance varies through the year. It is important to bear in mind that some cash payments are made to athletes without the knowledge of the CTFA and some payments are made directly from sponsors to doctors, therapists, and others in the athlete's entourage. Also, athletes are only required to report money in excess of U.S.$250. Consequently, amounts credited to the Athlete Reserve Fund do not show the total financial picture.

Since 1987 an agent representing an athlete has been required to file a report with the CTFA listing money received. Mr Findlay said that this change has increased significantly the amounts deposited in the ARF. The

Table 15–1
CTFA Athlete Reserve Fund, Average Monthly Balance Profile, 1979–89

	No. of Athletes	$1,000–5,000	$5,000–10,000	$10,000–25,000	$25,000–50,000	$50,000–100,000	$100,000+
1979	40	—	—	—	—	—	—
1980	40	1	1	1	0	0	0
1981	40	5	1	1	0	0	0
1982	45	5	0	0	1	0	0
1983	60	6	1	3	1	0	0
1984	60	3	1	2	2	0	0
1985	60	6	1	3	4	1	0
1986	60	7	4	3	2	2	1
1987	100	10	3	4	3	3	1
1988	100	11	3	5	3	2	3
1989	100	5	7	4	2	3	3

CTFA rules, however, do not require an athlete to file a copy of an income tax return or any other statement of income.

Though they act on behalf of the athletes, agents are called representatives of the CTFA to avoid the strict wording of IAAF rule 53 (xii) set out above. That rule purports to prevent athletes from hiring commercial agents. Five agents were licensed by the CTFA during the period 1987–88. Larry Heidebrecht, who acted as agent for Ms Issajenko and Mr Johnson among others, for example, was deemed to be the representative licensed by the CTFA to negotiate track and field appearance money, prize money, and participation money for these athletes. However, the CTFA's licensing of agents is not applied to commercial endorsement contracts because the rule is interpreted to govern only money directly related to competition. In any event, the CTFA is automatically involved in commercial endorsements as a party to each contract.

Mr Findlay justified the CTFA's claim that the athletes' agents are agents for the CTFA by saying the CTFA makes certain demands such as approval of any use of the athlete's image.

On the issue of how much money the athletes should be permitted to receive from the reserve fund, Mr Findlay testified:

> I guess we restrict the use of funds to the purchase [of] one automobile and one house, generally.
>
> For most athletes — for the majority of athletes, 95 percent of athletes who do use the fund . . . they wouldn't want to purchase or they can't purchase more than one car. They can just put a down payment on a house.
>
> That's for almost [all] of them, that is the most they can use their funds for. And there is no limit to — I mean as you see in the rules, there is no dollar amounts stipulated as to the maximum values —

In essence, the CTFA judges the reasonableness of an athlete's expenditures in relation to the athlete's income. Mr Findlay testified that Mr Johnson's situation was unique because his earnings were so much greater than those of any other athlete. He was permitted to withdraw large sums of money for expenditures, such as a house in 1986 ($121,000), a building lot ($175,000 in spring of 1987 before he set the world record in Rome), and two sports cars, a Porsche ($108,000) and a Ferrari ($257,000 in August 1988 before the Seoul Olympics).

There was no evidence that any athlete had ceased to be eligible for breach of rule 17, which purports to disqualify an athlete permanently from any level of competition for improper payments from athletic funds. I will have more to say about this later in the report.

PART FOUR

Use and Control of Banned Substances

16

Extent of Use of Banned Substances

Pursuant to the terms of reference of this Inquiry, I was directed to inquire into the extent of use by Canadian athletes of banned performance-enhancing substances and practices. At the outset of the Inquiry, the evidence available on this subject, both in Canada and elsewhere, was elusive. It consisted largely of opinion, rumour, and speculation. In addition, the published results of drug tests of athletes at various domestic and international competitions were available. However, as I have already stated in this report, the results of drug tests taken at the time of competition provide little help in determining the extent of the use of drugs such as anabolic steroids.

Two main factors contributed to the lack of immediately available evidence. First, those athletes, coaches, physicians, trainers, and officials who were involved in cheating by using or assisting in the use of performance-enhancing drugs and banned practices engaged in a conspiracy of silence.

Dr Astaphan referred to the conspiracy of silence among the athletes as the "brotherhood of the needle." Second, those officials and organizations charged with the responsibility for dealing with the problem have been content to ignore the many warning signals and failed to investigate them in order to break this conspiracy of silence.

A total of forty-six Canadian athletes from a wide spectrum of athletic disciplines admitted at this Inquiry their own anabolic steroid use. This number was merely a sample and in no way suggests that the total number of athletes using banned substances is limited to those who testified.

It would appear that what originally led some Canadian athletes into using performance-enhancing drugs was the belief that their fellow athletes on the international scene were receiving a significant competitive advantage by using such drugs as anabolic steroids and growth hormone. Since many of the Canadian athletes, coaches, and others who testified before me were involved in international competition, it is not surprising that I heard much evidence about the international scene. Although this is a Canadian inquiry, I could not ignore the context in which Canadian athletes compete. It is therefore important that any realistic consideration of this problem look beyond Canada.

After hearing the evidence and meeting with knowledgeable people from Canada, the United States, the United Kingdom, Australia, New Zealand, and elsewhere, I am convinced that the problem is widespread not only in Canada but also around the world. The evidence shows that banned performance-enhancing substances and, in particular, anabolic steroids are being used by athletes in almost every sport, most extensively in weightlifting and track and field. This is not to say that every athlete in every sport is using banned substances. But part of the great unfairness in doping in sport is that those who do so cast a cloud of suspicion over all athletes, a situation that is as unfortunate as it is unfair.

Throughout this report I have focused much of my attention on the use of anabolic steroids. I have done so because I am satisfied that anabolic steroids represent the most serious present threat to sport. I have, however, heard sufficient evidence to be satisfied that other banned drugs are also employed by those who compete in sport. These include the drugs that are classified by the IOC Medical Commission as stimulants, narcotics, beta blockers, and diuretics.

I have also heard evidence that the recently banned practice of blood doping has been employed at the highest levels of Olympic sports. Blood doping was not banned in 1984, and it is clear that it was employed by certain U.S. cyclists at the Los Angeles Olympics, which ultimately led to the IOC Medical Commission's adding the practice to its banned list.

Although I have concentrated on anabolic steroids, I do not think we should be lulled into a false sense of security that there is not a problem with other banned drugs and practices. I thought it best to concentrate this Commission's time and resources on the area that appears to be of greatest present concern. However, those who are responsible for controlling sport both domestically and internationally should be ever vigilant to ensure that the use of the other classes of banned drugs and practices is eradicated.

WEIGHTLIFTING, POWERLIFTING, AND BODYBUILDING

It is clear from what I have already said that the sport of weightlifting in Canada and elsewhere is riddled with the use of anabolic steroids. The related non-Olympic sport of powerlifting is similarly afflicted. Bodybuilding is another non-Olympic sport that, with its emphasis on the development of a muscular physique, has been the subject of heavy steroid use among its participants. I am also satisfied that the competitors involved in these strength and power sports take other drugs, such as growth hormone, when available.

TRACK AND FIELD

In the chapters on track and field, I reviewed the extensive use of anabolic steroids by Canadian athletes in the sprinting and throwing events. The evidence from the many track and field witnesses extended far beyond the Canadian scene. Many of the top Canadian athletes have attended U.S. colleges on athletic scholarships. I heard evidence from some of them that they were introduced to performance-enhancing drugs, and particularly anabolic steroids, while training in the United States. This was especially so in the case of the throwers.

Bishop Dolegiewicz said that in the United States between 1970 and 1980 he would be "hard pressed to . . . give . . . a name of an individual [thrower] that was not using steroids." Similarly, Mike Spiritoso, who competed as a shot putter for Canada at international competitions, stated, based on his experience in the United States between 1982 and 1987, that "it was a known fact that most of the throwers were on [anabolic steroids] — if they were any good, and even some of the throwers that weren't any good, were taking the stuff." He estimated that 90 to 95 percent of the top U.S. throwers were taking anabolic steroids, and that the percentage in Canada was about 30 to 40 percent.

Angela Bailey, for many years one of Canada's top female sprinters, trained on a track scholarship at a U.S. college in 1985. After about six weeks she concluded that her coach "didn't know how to coach me because I was drug free." She then trained for a period of time under Pat Connolly, a coach of the U.S. Olympic team.

I was provided with a copy of the official record of the U.S. Senate Judiciary Committee Hearing on Steroid Abuse in America, chaired in April 1989 by Senator Joseph R. Biden, Jr.

Ms Connolly testified before the Biden Committee concerning her knowledge of the use of steroids by U.S. athletes during the 1984 and 1988 Olympics. The following is an excerpt from the record:

> MS CONNOLLY: By 1984, out of a team of about 50 Olympians, probably 15 of them had used steroids. Some of them were medalists.
>
> . . .
>
> At least 40 percent of the women's team in Seoul had probably used steroids at sometime in their preparation for the games.
>
> . . .
>
> In the United States, I have heard of four male coaches of top athletes who have encouraged their women to use steroids. I know of no woman coach who advocates the use of male hormones.
>
> . . .
>
> SENATOR BIDEN: Coach, the fact that there are so many women, and as I understand it, you said you thought on the 1984 American Women's Track and Field Team that you thought there were 15, roughly.
>
> MS CONNOLLY: It is an estimate, yes.
>
> SENATOR BIDEN: It is an estimate. I realize that. Did that number, in your view, go up in 1988?
>
> MS CONNOLLY: Oh, yes. Oh, yes, it went up a lot. There is approximately 45 to 50 women on a team depending on how many alternates and relay people you want to take. I would say that probably, like I said, 40 percent of the 1988 team had tried

> it at least, maybe, 15 to 20 — I am using rough figures because there is so many rumors now. Everybody says everybody is doing it and it is really hard to sit down and be very objective about it. If you listened to all the rumors, you would think the whole team was dirty. But I know that, you know, knowing that there are clean people, knowing personally people who did it without drugs that I can believe in the innocence of some of those that are questioned by others.
>
> SENATOR BIDEN: Recently Carl Lewis stated that he thought that five to ten gold medalists in men's track events at the Seoul Olympics were won by athletes who used steroids. Obviously you would not know with any certainty, but do you think that is an outrageous estimate or do you think — .
>
> MS CONNOLLY: I am quite familiar with the men's program and the men athletes. I am married to one who testified in 1973 about this problem. So I know a little bit about it. I think Carl was low. If he was just talking about Americans, then he is probably accurate. But if you want to talk about the whole track and field program, his estimate was very low.[1]

Senator Biden also heard from Evelyn Ashford, formerly coached by Ms Connolly. Ms Ashford is a prominent U.S. sprinter. She was the gold medalist in the 100 metres in the 1984 Olympics and the silver medalist in 1988 at Seoul. She knew of two U.S. gold medalists at the 1988 Olympics who had used anabolic steroids.

During the course of the Inquiry I heard evidence from more than one witness about a nonpunitive drug-testing program adopted by the United States Olympic Committee (USOC) prior to the 1984 Olympics in Los Angeles. This program was available not only to track athletes but also to athletes from all Olympic sports. USOC officials have stated that the program was intended to test the new laboratory facilities in Los Angeles and to give the athletes experience in the doping control process. Others, however, have alleged that the real purpose was to allow U.S. athletes to check their clearance times and modify their steroid cycles prior to competing.

Dr Charles E. Yesalis of Pennsylvania State University testified in March 1989 before the U.S. Subcommittee on Crime of the House Committee on the Judiciary. He stated that 50 percent of the athletes who participated in the drug-testing program tested positive for anabolic steroid use. Ms Connolly expressed her concern about this program to the Biden Committee:

> In 1983 when I heard about the USOC's pre-Olympic testing program that was allowing our athletes to find better ways to keep from being detected by official testing, I felt betrayed, like a child whose parents had deserted her.[2]

Dr Robert Kerr of San Gabriel, California, testified before this Commission that he prescribed anabolic steroids to approximately twenty medalists at the 1984 Olympic Games. He did not break this down among the various sports, although he stated that the use of anabolic steroids was prevalent among elite sprinters.

As I have indicated, the situation in track and field outside of North America is no different when it comes to the use of performance-enhancing drugs and banned practices. Charlie Francis has been closely associated with international track and field since the early 1970s as an athlete and since the late 1970s as a coach. As in the case of other Canadians, it was his experience in international competition that led him to consider actively the use of anabolic steroids. Mr Francis claimed that at the 1972 Munich Olympics there was extensive use of performance-enhancing drugs. Up to 80 percent of the top-level athletes were rumoured to be using steroids.

When Mr Francis went on the international circuit as a coach, he became increasingly aware from his observations and discussions with other coaches and athletes that the use of anabolic steroids was pervasive among throwers and sprinters in the United States, in Western Europe, and in the Eastern Bloc countries. It was Mr Francis's view that, after the late 1970s, the great majority of elite track and field athletes competing in events where performance-enhancing drugs could be of assistance in fact used such drugs.

Mr Francis testified that it was the practice of the Soviet Union to load sophisticated drug-testing equipment on a ship anchored in the nearest harbour to major international games where Soviet athletes were participating. The Soviets would test the athletes immediately prior to competition to ensure they were clean. Mr Francis stated that this practice was followed in Montreal in 1976 and in Seoul in 1988. The presence of a Soviet ship for the purpose of drug testing in Seoul was confirmed in 1989 by an article in the Communist youth magazine, *Zmena*.

As shocking as Mr Francis's evidence initially appeared when he testified before this Inquiry, much of what he said was supported by many other witnesses. Also, disclosures made subsequent to his testimony have tended to provide further confirmation. In this regard I have in mind the information concerning the Soviet ship in Seoul, the revelations before the Biden Committee in the United States, and a whole series of reports of drug use by athletes from Eastern Bloc countries such as East Germany.

Dave Steen, the Olympic bronze medalist in the decathlon, sent a letter to the CTFA in early 1988 in which he stated:

> The use of steroids and other 'performance-enhancing drugs' is becoming so widespread both internationally and domestically that individuals who do not use drugs are in the minority. I am referring to high caliber international athletes.

Mr Steen testified that he had talked to a number of other decathletes who competed internationally about their use of drugs. He concluded that a significantly high proportion of athletes who competed at the international level in the decathlon take drugs. Similar information was provided by Daley Thompson, the British decathlete and two-time Olympic gold-medal winner, when he spoke to my Commission counsel in the United Kingdom in July 1989.

Bernd Heller, a former member of the West German track and field team and now a sport journalist, provided valuable insight into the European and international scene. He has been covering track and field throughout the world since 1978. It was his opinion that it was impossible to compete in the throwing events at the world-class level without taking steroids. He referred to Ricki Bruch, a Swedish discus thrower and former world-record holder, who admitted taking steroids on a number of occasions but had never tested positive.

Mr Heller referred to the Eastern Bloc practice of testing athletes prior to their leaving for international competitions, to ensure they do not run the risk of testing positive. At the 1986 European track and field championships in Stuttgart, the Soviet Union filed its team list several weeks prior to the meet. According to Mr Heller, approximately 25 percent of the athletes did not show up at the championships. Mr Heller suggested that it was unlikely 25 percent of the Soviet team became ill at the last moment. He assumed the Soviets had been tested prior to leaving for the championships and that a significant number stayed home because the drugs they were taking had not cleared their systems.

Mr Heller also testified about conversations he had had with Professor Manfred Donike, a West German member of the IOC Medical Commission. Professor Donike advised him he was doing a study of the endocrine profile of the urine samples of the athletes who had been tested at Seoul and had determined that up to 80 percent of the athletes tested had used steroids in the previous five to eight years, although particular drugs could not be identified. Mr Heller said that Professor Donike later retracted his original statement. According to Mr Heller, Professor Donike withdrew the 80 percent estimate and the estimate of five to eight years and said that, by examining the endocrine profiles, one could make a determination of the use of steroids only in the previous three to six months.

Professor Donike, who also appeared as a witness at the Inquiry, testified that Mr Heller was in error concerning these conversations. According to Professor Donike, he had told Mr Heller about the nature of a study he was doing on the endocrine profiles of male athletes who had been tested in Seoul, with a view to determining prior steroid use. Professor Donike said he did not give percentage or time estimates, and that his study was not yet completed. Although Mr Heller may have confused the information he was given in these conversations, I am satisfied that Professor Donike told him his study was likely to reveal a high rate of prior steroid use among male athletes who were tested in Seoul — certainly much higher than was indicated by the results of the official tests.

I have said elsewhere in this report that Dr Astaphan testified that he had been consulted about the use of performance-enhancing substances by athletes from the United States, Italy, Holland, Australia, Sweden, Finland, West Germany, Bulgaria, Jamaica, East Germany, Africa, and the United Kingdom.

The Athletics Committee of Enquiry into Drug Abuse Allegations, set up by the British Amateur Athletic Association in February 1988 to study the problem of doping in sport, concluded that between 1976 and 1982 there was "considerable use of drugs, chiefly but by no means only anabolic steroids . . . in the upper levels of at least the power events." The committee accepted that "there is a serious level of use of drugs [in sport] at present."[3]

The Australian government, concerned about the apparently increasing use of banned substances in sport by its own athletes as well as by athletes from other countries, in 1988 referred the matter to a Senate standing committee for investigation and report. Senator John Black, chairman of the committee, heard evidence that approximately 70 percent of Australian athletes who competed internationally had taken performance-enhancing drugs, and that one-quarter of the Australian track and field team which competed in Seoul had used drugs:

> The Committee accepts that drug taking in Australian sport is widespread, and that anabolic steroids in particular are used in any sport in which power is an advantage. Moreover drugs are being used at all levels of sport and by most age groups, although the extent of use varies widely from one sport to another. The survey of drug abuse in Australian sport, for example, found that 22.4 per cent of powerlifters had used anabolic steroids, as had 15.7 per cent of weightlifters, but that only 1.2 per cent of cricketers, 1.1 per cent of cyclists and 0.8 per cent of water polo players admitted to using these drugs. Given the unacceptable health risks posed by anabolic steroids, these figures demonstrate a serious problem. [It must be noted that the percentages are based on admitted use only.][4]

In Sweden, where out-of-competition testing has been carried out since the late 1970s, the situation appears to be no better. Dr Arne Ljungqvist of the IOC, in a paper presented at the second IAF World Symposium on Doping in Sport, held in Monte Carlo in June 1989, said that Swedish authorities uncovered a steroid-smuggling ring in the summer of 1988. In the previous two years, the ring had brought 200 kg of anabolic steroids into the country — enough steroids, it was estimated, to serve a year-round heavy-doping program for 7000–8000 individuals.

In discussing the use of steroids in track and field, I have not specifically mentioned growth hormone. As in the case of weightlifting and related sports, I am satisfied that when growth hormone is available, track and field athletes in Canada and elsewhere use it in conjunction with their steroid programs.

CANADIAN INTERCOLLEGIATE FOOTBALL

Several Ontario intercollegiate football players testified at this Inquiry. Their evidence suggested that in the mid- to late 1980s, 25 to 35 percent of the members of intercollegiate football teams used anabolic steroids. Estimates among linemen and linebackers reached 70 to 90 percent. These estimates were supported by athletes from other universities in Canada and the United States. Part of the motivation for college football players to take drugs such as anabolic steroids is their desire to be drafted by a professional football team. The evidence before me suggested that some of these players had no hesitation in putting their health at risk by taking large doses of anabolic steroids in order to gain a chance at a professional football career.

I had the benefit of hearing evidence from Robert Pugh, executive vice-president of the Canadian Interuniversity Athletic Union (CIAU). Mr Pugh outlined the new doping control policy for university sport. When he testified before me it was anticipated that drug testing in football would be implemented in 1990, to be followed by testing in other sports. It appears to me that the CIAU has attempted to move quickly and responsibly on the drug issue. One would hope that with the implementation of its doping control policy in 1990 in football, the CIAU will be able to eradicate drug use from this sport, which is such an important part of university life in Canada.

OTHER SPORTS

During this Inquiry I concentrated on the sports of weightlifting and track and field, with attention directed as well towards intercollegiate football. It was not possible to examine every sport with the same degree of detail. My purpose was to focus on the sports in which there appeared to be the greatest likelihood of drug abuse and employment of banned practices by Canadian athletes.

I do not wish to ignore the problem where it exists in other sports because if one athlete uses drugs or cheats there is the potential that the practice will spread and threaten other sports. One need only observe how the use of anabolic steroids has spread through weightlifting and then through track and field. Thus, it is important to know what other sports are affected by drug abuse and banned practices so that we will be aware of the problem and so that the responsible officials will be prepared to address it. I therefore heard general evidence and sought out general information concerning a number of other sports.

Dr Kerr testified that he had prescribed anabolic steroids to several thousand athletes, both amateur and professional, in sports which included track and field, baseball, football, hockey, roller hockey, cycling, and swimming. Dr Astaphan testified that in addition to track and field, he had been consulted by athletes in cycling, skiing, volleyball, football (amateur and professional), weightlifting, powerlifting, bodybuilding, and cricket. Dr Ljungqvist identified track and field, bodybuilding, weightlifting, boxing, wrestling, hockey, handball, and soccer as sports in which drug use was extensive. I also heard evidence from Canadian athletes concerning the use of anabolic steroids by those who compete in the Olympic sport of bobsledding.

The Australian Senate Committee also heard of extensive use by noncompetitive athletes, particularly in strength sports. More alarming was the evidence that children as young as ten years old, mainly boys, were being given these substances "sometimes apparently with the connivance of their parents." Some of that evidence came from the deputy director-general of health and medical services for Queensland, some from coaches, power athletes, and medical doctors involved with sports clubs. The principal medical officer of the Australian Rowing Council thought the problem so serious that he recommended a program

> to test our schoolboy rowers or junior rowers at about the time their growth phase finishes to make sure they are not being given [substances] to increase muscle bulk at that time, and then simply training that muscle bulk forever after, which is the way it may be used in the Eastern bloc.[5]

OTHER NONMEDICAL USES OF ANABOLIC STEROIDS

The use of anabolic steroids is not limited to amateur and professional athletes but extends beyond sport to affect students, police officers, firefighters, and others who seek to improve their appearance and strength rather than their athletic performance. A recent study of more than 3000 male high school seniors in the United States showed that 6.6 percent had used or were using anabolic steroids. Dennis Degan, the leading U.S. investigator of steroid trafficking, testified that the black market for steroids in the United States was more than half a billion dollars annually. The evidence which I heard concerning steroid use in

Canada suggested that there is a similarly alarming trend of increased use among young people who want to look better, and an increasing black market to meet the demand of such users. Anabolic steroids are readily available in gyms and locker rooms where young people gather for bodybuilding and workout purposes, as will be seen when I deal with supply and distribution.

EVIDENCE FROM POSITIVE TESTS

Some indication of the extent of the use of prohibited substances and practices by high-level competitive athletes can be derived from tables 16–1 to 16–5, which list athletes penalized for such practices. Table 16–1 is a list of Canadian athletes penalized for positive tests (1983-89); tables 16–2 and 16–3 are lists of IAAF track and field athletes suspended after failing a doping test; table 16–4 is a list of IAAF athletes suspended for refusing a doping test; and table 16–5 is a list of athletes penalized for positive dope controls during Olympic Games.

Positive test results for performance-enhancing drugs at major international competitions affect athletes from virtually all countries, as is evident from the tables of doping infractions. The numbers must, however, be viewed in the context of the ineffective doping control programs in force at the time. It has been said by Sir Arthur Gold, chairman of the British Olympic Committee, that only the careless or ill advised get caught. The evidence heard by this Commission demonstrates that many, many more athletes than those actually testing positive have taken advantage of banned substances and practices. This subject will be addressed further in the section of this report concerning the fallacy of in-competition testing. It must be remembered, too, that no doping control program, however effective, will reach those who are outside the competitive sport structure. Other measures must be taken to protect such users from the health risks associated with use of these substances and practices.

Positive test results represent only a small proportion of actual drug users. In his evidence before the Australian Senate Standing Committee, Dr Tony Millar, director of research at the Australian Institute of Sports Medicine, alluded to the difficulties in extrapolation from test results:

> The argument that 9 positives were found in Los Angeles and only 8 [sic] in Seoul does not prove that there is a lessening of the use of drugs, but is more consistent with the proposition that athletes are more sophisticated now in their knowledge and are able to use drugs more efficiently than they have . . . before so that the present testing procedures are no longer able to catch up with the user.[6]

This evidence is supported by that heard by the U.S. Subcommittee on Crime to the effect that when testing is announced, only 2 percent of athletes test positive, but when testing is unannounced, 50 percent test positive.

SUMMARY

In this chapter I have reviewed only some of the evidence covering the extent of the use of performance-enhancing drugs domestically and internationally. It would not add much to set out all of the evidence that I received during the course of the Inquiry. What has emerged is a clear picture of significant drug abuse, particularly of anabolic steroids, in many sports in many countries. Canada does not stand alone. My counsel suggested in his final submission that the problem knows no national boundaries, and I agree. Indeed, the *New York Times* suggested in an editorial that this Inquiry had uncovered a global disgrace.

Table 16–1
Canadian Athletes Penalized for Positive Tests, 1983–89

	Name	Sport
1983	Guy Greavette	Weightlifting
1983, 1985	Michel Viau	Weightlifting
1984	Luc Chagnon	Weightlifting
	Terry Hadlow	Weightlifting
1985	Robert Choquette	Weightlifting
	Yvan Darsigny	Weightlifting
	Michel Pietracupa	Weightlifting
	Guillaume Salvas	Weightlifting
	Harold Willers	Track & Field
	Lavent Mady	Swimming
1986	Mario Parente	Weightlifting
	Peter Dajia	Track & Field
	Rob Gray	Track & Field
	Mike Spiritoso	Track & Field
1988	David Bolduc	Weightlifting
	Jacques Demers	Weightlifting
	Paramjit Gill	Weightlifting
	Kevin Roy	Weightlifting
	Ben Johnson	Track & Field
	Linda McCurdy-Cameron	Track & Field
1989	Rock Gameiro	Weightlifting*
	Bill Karch	Weightlifting
	Julie Rocheleau	Track & Field*
	Pierre Lafleur	Fencing*
	Cal Langford	Bobsleigh*

* Suspensions under appeal

Table 16–2

IAAF Male Track and Field Athletes Suspended after Failing Doping Test

Rahman Awf Abdul (Iraq) 1986
Gary Armstrong (USA) 1986
Duncan Atwood (USA) 1985
A.L. Azoro Casillo (Cuba) 1986
Wayne Barber (Australia) 1985
Lazaro Betancourt (Cuba) 1986
Darren Crawford (USA) 1986
Peter Dajia (Canada) 1986
Juan de la Cruz (Dominican Republic) 1983
Dimitrios Delifotis (Greece) 1984
Jean-Louis Demarne (France) 1987
Eric De Smedt (France) 1987
Ronald Desruelles (Belgium) 1980
S.D. Dos Santos (Brazil) 1986
Temel Erbek (Turkey) 1987
Naser Fahamy (Iran) 1984
Rob Gray (Canada) 1986
Bill Green (USA) 1987
Jeff Gutteridge (UK) 1988
Vesteinn Hafsteinsson (Iceland) 1984
Knut Hjeltnes (Norway) 1977
Seppo Hovinen (Finland) 1977
Kleanthis Ierissotis (Greece) 1984
Tom Jadwin (USA) 1986
Ben Johnson (Canada) 1988
Dariusz Juzyszyn (Poland) 1963
Jerzy Kaduskiewicz (Poland) 1982
Lars-Erik Källström (Sweden) 1983
Satomi Kawazu (Japan) 1988
Markus Kessler (West Germany) 1986
Nikolai Kolev (Bulgaria) 1987
Dimitri Kowcun (USSR) 1988
Hans-Joachim Krug (West Germany) 1978
Jovan Lazarevic (Yugoslavia) 1984
Aleksandr Leonov (USSR) 1988
Juan-Miguel López (Cuba) 1986
Remigius Machura (Czechoslovakia) 1985
Mike Mahovlich (Canada) 1986
Greg McSeveney (USA) 1986
Thomas Menne (West Germany) 1987
Rick Meyer (USA) 1986
Yevgeniy Mironov (USSR) 1978
Luis Morales (Puerto Rico) 1988
Cosmas Ndeti (Kenya) 1988
Hein-Direck Neu (West Germany) 1978
Antoni Niemczak (Poland) 1986
Lars Arvid Nilsen (Norway) 1987
Juan Núñez (Dominican Republic) 1983
Andrea Pantani (Italy) 1988
Arne Pedersen (Norway) 1982
Asko Pesonen (Finland) 1977
Ben Plucknett (USA) 1981
Watcharakupt Pongsak (Thailand) 1986
Paul Quirke (Ireland) 1987
Antoine Richard (France) 1987
Elisio Rios (Portugal) 1983
Luis Rodriguez (Brazil) 1988
Walter Schmidt (West Germany) 1977
Al Schoterman (USA) 1984
Ahmed Kamiel Shata (Egypt) 1985
Mike Spiritoso (Canada) 1986
Sasa Stojilovic (Yugoslavia) 1988
Lars Sundin (Sweden) 1985
Göran Svensson (Sweden) 1985
Art Swarts (USA) 1986
Laszló Szabó (Hungary) 1981
Markku Tuokko (Finland) 1977
GianPaolo Urlando (Italy) 1984
Martti Vainio (Finland) 1984
Lynn Valley (USA) 1987
Velko Velev (Bulgaria) 1975
Harold Willers (Canada) 1985
Gary Williky (USA) 1985
Nikolaos Yendenkos (Greece) 1985
Vasiliy Yershov (USSR) 1978
Joe Zelezniak (USA) 1986
Vladimir Zhaloshik (USSR) 1974

Table 16–3

IAAF Female Track and Field Athletes Suspended after Failing Doping Test

Nunu Abashidze (USSR) 1981
Lyudmila Andonova (Bulgaria) 1985
Maria-Christina Betancourt (Cuba) 1983
Ilona Briesenick — *see* Slupianek
Dorina Calenic (Romania) 1987
Mihaela Chindae (Romania) 1987
Valentina Cioltan (Romania) 1975
Rosa Colorado (Spain) 1980
Daniela Costian (Romania) 1986
Sabine Dewachter (Belgium) 1988
Emilija Dimitrova (Bulgaria) 1986
Rosa Fernandez (Cuba) 1983
Sandra Gasser (Switzerland) 1987
Yekaterina Gordiyenko (USSR) 1978
Linda Haglund (Sweden) 1981
Agnes Herczeg (Hungary) 1983
Sue Howland (Australia) 1987
Inna Ivanova (USSR) 1988
Hyw-Young Jung (Korea)1987
Karoline Käfer (Austria) 1981
Yelena Kovalyeva (USSR) 1979
Nadyezhda Kudryavtseva (USSR) 1979
Evelyn Lendl (Austria) 1981
Natalia Marasescu-Betini (Romania) 1979
Alice Matejkova (Czechoslovakia) 1986
Linda McCurdy-Cameron (Canada) 1988
Gabriela Mihalcea (Romania) 1987
Gael Mulhall-Martin (Australia) 1981
Alexis-Paul MacDonald (Canada) 1981
Totka Petrova (Bulgaria) 1979
Julie Rocheleau (Canada) 1989
Danuta Rosani (Poland) 1976
Ileana Silai (Romania) 1979
Zdenka Silhava (Czechoslovakia) 1985
Ilona Slupianek-Briesenick (East Germany) 1977
Yelena Stoyanova (Bulgaria) 1978 & 1982
Daniela Teneva (Bulgaria) 1979
Nadyezhda Tkachenko (USSR) 1978
Vera Tsapkalenko (USSR) 1977
Anna Verouli (Greece) 1984
Mayra Vila (Cuba) 1985
Sanda Vlad (Romania) 1979
Ola Conny Wallgren (Sweden) 1986
Joan Wenzel (Canada) 1975
Anna Wlodarczyk (Poland) 1982

Table 16–4

IAAF Athletes Suspended for Refusing Doping Test

Men	**Women**
Colin Sutherland (UK) 1978	Tatyana Kazankina (USSR) 1984
Dave Voorhees (USA) 1978	Maria Lambrou (Greece/Cyprus) 1982
August Wolf (USA) 1985	

Table 16–5
Athletes Penalized for Positive Dope Controls during Olympic Games

	Athlete	Country	Sport
1968	Broye	Sweden	Pentathlon
	Hans-Gunnar Liljenvall	Sweden	Pentathlon
1972	Capitaine	West Germany	Ice Hockey
	Buidaa Bakhaavaa	Mongolia	Judo
	Miguel Coll	Puerto Rico	Basketball
	Rick DeMont	USA	Swimming
	Jaime Huelamo	Spain	Cycling
	Aad Van den Hoek	Holland	Cycling
	Walter Legel	Austria	Weightlifting
	Mohamed Arjanid Naskeri	Iran	Weightlifting
1976	Paul Cerutti	Monaco	Shooting
	Galina Kulakova	USSR	Nordic Skiing
	Lorne Leibel	Canada	Yachting
	Frantisek Proposil	Czechoslovakia	Ice Hockey
	Dr Treffny*	Czechoslovakia	Team doctor
	Danuta Rosani	Poland	Track & Field
	Blagoi Blagoev	Bulgaria	Weightlifting
	Marc Cameron	USA	Weightlifting
	Dragomir Ciorosian	Romania	Weightlifting
	Philippe Grippaldi	USA	Weightlifting
	Zbigniew Kaczmarek	Poland	Weightlifting
	Valentin Khristov	Bulgaria	Weightlifting
	Arne Norrback	Sweden	Weightlifting
	Peter Pavlasek	Czechoslovakia	Weightlifting
1984	Batsukh Purevjal	Mongolia	Nordic Skiing
	Thomas Johansson	Sweden	Wrestling
	Eiji Shimomura	Japan	Volleyball
	Mikiyasu Tanaka**	Japan	Volleyball
	Vesteinn Hafsteinsson	Iceland	Track & Field
	GianPaolo Urlando	Italy	Track & Field
	Martti Vainio	Finland	Track & Field
	Anna Verouli	Greece	Track & Field
	Luc Chagnon	Canada	Weightlifting
	Serafim Grammatikopoulos	Greece	Weightlifting
	Terry Hadlow	Canada	Weightlifting
	Stefan Laggner	Austria	Weightlifting
	Goran Pettersson	Sweden	Weightlifting
	Amhed Tarbi	Algeria	Weightlifting
	Mahmoud Tarha	Lebanon	Weightlifting
1988	Jaroslaw Morawiecki	Poland	Ice Hockey
	Jorge Quesada	Spain	Pentathlon
	Alexander Watson	Australia	Pentathlon
	Alidad	Afghanistan	Wrestling
	Kerrith Brown	United Kingdom	Judo
	Ben Johnson	Canada	Track & Field
	Kalman Csengeri	Hungary	Weightlifting
	Mitko Grabkev	Bulgaria	Weightlifting
	Angel Guenchev	Bulgaria	Weightlifting
	Fernando Mariaca	Spain	Weightlifting
	Andor Szanyi	Hungary	Weightlifting

* Dr Treffny, Czechoslovakian team doctor, was banned for life by the IOC Medical Commission.

** No sanction against the athlete, but the masseur, Yahagi, was banned from the Olympic Games and a severe warning was given to the Japanese team.

17

Supply and Distribution of Banned Substances

The distribution of anabolic steroids and other performance-enhancing drugs to their ultimate consumers is a multimillion-dollar business. Athletes and other nonmedical users of these drugs obtain them through black market sources, such as gymnasiums, dealers, and mail order, and through legitimate sources, such as physicians, veterinarians, and pharmacies. Although anabolic steroids are the most common of these drugs, and this chapter therefore deals primarily with them, use of human growth hormone is increasing.

The legitimate distribution of anabolic steroids in Canada is governed by the *Food and Drugs Act*, a federal statute. Only licensed physicians, hospitals, and pharmacies may purchase anabolic steroids from pharmaceutical companies or wholesalers. In turn, the ultimate user may obtain them only by prescription from or by direct administration from a licensed physician. All other channels of distribution are illegal and constitute what is often called the black market. Veterinary anabolic steroids are also governed by the *Food and Drugs Act* and will be discussed elsewhere in this report.

DISTRIBUTION THROUGH LEGITIMATE CHANNELS

Physicians

Some anabolic steroid users prefer to obtain steroids from a physician, perhaps to ensure that the product being used is authentic. A physician can also monitor the athlete's health and attempt to control any adverse effects of the drug. The names of physicians willing to prescribe anabolic steroids and other performance-enhancing drugs circulate widely in gyms. These physicians may develop practices with a focus on athletes and performance-enhancing drugs.

Dr Ara Artinian, a Toronto general practitioner, had been prescribing and administering anabolic steroids to athletes regularly throughout the past ten years. Between 1981 and 1988 he purchased anabolic steroids worth $215,101 from various pharmaceutical companies. He administered injections and provided pills to his athlete patients in return for a cash payment rather than providing them with a prescription to fill at a pharmacy. Dr Artinian dealt mainly with football players and bodybuilders rather than elite athletes in Olympic sports.

Dr Astaphan also prescribed anabolic steroids to many athletes during the time he practised medicine in Ontario up to the middle of 1986. The extent to which he prescribed these substances and the numbers of athletes involved is dealt with elsewhere in this report.

Bruce Pirnie, at one time a shot putter and now a throwing coach, obtained anabolic steroids for performance-enhancement purposes by prescription from his doctor as early as 1972. He stated that there were several doctors in Winnipeg at that time who were well known as sources of steroids. Mr Pirnie took steroids on prescription until 1979, when he stopped competing and took up coaching.

The Commission also heard evidence from many other athletes that they received anabolic steroids directly from physicians. Clearly, there are physicians in most major centres across the country who have at one time or another been involved in prescribing anabolic steroids and other performance-enhancing drugs to athletes. More will be said on this issue in the section of this report on medical policies.

In the United States, the situation is similar. Peter Dajia described visiting a doctor's office in Fort Worth, Texas, and obtaining a prescription for anabolic steroids simply by indicating what he wanted. Dr Robert Kerr, a sports physician practising in San Gabriel, California, estimated that in the mid-1980s there were at least seventy physicians in the Los Angeles area who prescribed anabolic steroids to athletes. He himself has prescribed them for athletes from the United States, Canada, South America, Australia, and the Far East, including Olympic Games medal winners.

In Australia, Senator Black's committee estimated that 15,000 users obtained anabolic steroids through physicians. The committee had heard estimates that 5 to 50 percent of users obtained their drugs through doctors. Forty-one percent of a group of Australian bodybuilders surveyed indicated that physicians were their source of supply, while the remainder obtained them from black market sources. One medical witness stated that ten to twenty doctors in Sydney alone prescribed anabolic steroids, and that he himself would see up to 200 "patients" a year for this purpose. Yet another medical witness was prescribing anabolic steroids for fifty male bodybuilders, one female weightlifter, and three other athletes.

Veterinarians

Because veterinarians occasionally use anabolic steroids in their clinical treatment of animals, these drugs are legitimately available to them as well as to horse trainers and farmers. Commission investigators formed the opinion that these drugs were diverted to the black market by selling them to middlemen, who resold them to athletes. A Quebec trainer who was involved in diverting drugs onto the black market was nicknamed "Mr Winstrol" because of his supplies of this drug.

In Ontario, the Ontario Veterinary Association monitors veterinarians' use of anabolic steroids to ensure that it matches the profile of their practice. To date, no veterinarian in Ontario has been prosecuted for professional misconduct with respect to the dispensing or administering of anabolic steroids.

Pharmacies

It is not common for pharmacies to keep large amounts of anabolic steroids in stock because these drugs have such limited clinical uses. When an athlete or other individual using anabolic steroids becomes friendly with a pharmacist, however, sometimes he or she will sell steroids without a prescription. On June 19, 1989, a pharmacist in the Quebec City area sold steroids without a prescription to undercover officers of the Quebec police force. He was suspended for three years by the Ordre des pharmaciens du Québec.

In Ontario an investigator for the Ontario Veterinary Association was informed that a pharmacy on the outskirts of Toronto was stocking veterinary drugs, including steroids, and making them available to the public without prescription. She went to the store and purchased the anabolic steroid Winstrol-V. She subsequently learned that the store's employees had been advised that they could sell these veterinary products to customers who looked "horsey."

Bishop Dolegiewicz gave evidence that he was able to obtain prescriptions for huge quantities of steroids from a doctor who was himself a former weightlifter. The prescriptions were filled by a pharmacist in Austin, Texas, and the drugs in turn sold by Mr Dolegiewicz to other athletes. The pharmacist was later convicted of selling drugs without a prescription, fined $10,000, and sentenced to ten years in jail.

In its brief submitted to the Commission, the Canadian Pharmaceutical Association recommends rescheduling anabolic steroids and human growth hormone from prescription drug status to controlled drug status under the *Food and Drugs Act*. It also recommends licensing drug wholesalers as a method of reducing the illicit supply of these substances. The association suggests those measures because it has formed the opinion that "current legislative mechanisms are inadequate and ineffective in prosecuting and deterring the trafficking of anabolic steroids."

BLACK MARKET DISTRIBUTION

Until recently Canadian authorities have paid little attention to the illegal distribution of anabolic steroids. Authorities in the United States began to investigate the illegal distribution network there after they recognized a nationwide problem with anabolic steroids in the early 1980s, well before the issue received any prominence in Canada. Steroid use in the United States, already common at that time among bodybuilders and weightlifters, had spread to a wider group including a variety of Olympic athletes and professional athletes. It had also moved beyond sport to individuals wanting to improve their appearance, including students of high school age and younger. Under pressure from those involved in prosecuting steroid distribution offences, the U.S. Food and Drug Administration (FDA) created a national anabolic steroid program which would enable various state and federal regulatory and law-enforcement agencies to share information and resources.

Dennis Degan was named national coordinator of this program in January 1985. Since then he has worked full time investigating the distribution of performance-enhancing drugs. He estimated the U.S. market at over half a billion dollars. Between the start of this program in 1985 and 1988, there have been approximately 200 convictions across the United States for offences involving steroids.

A California case that received a great deal of media attention involved David Jenkins, a former British 400 metre runner. He was convicted of offences relating to the manufacture of counterfeit anabolic steroids in Mexico and their distribution throughout the United States. In Jenkins's operation, millions of dollars' worth of steroids came into the United States in less than a year between late 1986 and the summer of 1987.

Australia too has recognized that it has a problem with illegal distribution of these drugs. Senator Black's committee estimated the market in that country to be somewhere between $15 million and $150 million a year. A more accurate estimate was not possible because most of the distribution was through black market channels.

It is difficult to estimate the extent of the black market for anabolic steroids in Canada. Based on the U.S. experience, Commission investigator Ken St Germain, an experienced and knowledgeable law-enforcement officer, estimates that the Canadian market could be as high as $60 million annually.

Since 1984, there have been several significant seizures at various Canada–U.S. border points. In these cases, Canadians were both importing anabolic steroids for Canadian customers and exporting them to the U.S. market. In 1987 in a single instance, 2000 pounds of steroids with a street value of $1.5 million destined for the Canadian market were seized. In 1989 further significant amounts were seized. The problem is a growing one.

Gymnasiums

The main source of black market steroids is the local gymnasium. Elite athletes, bodybuilders, football players, and others all described the easy availability of such products in gyms throughout North America. Steve Brisbois, a professional bodybuilder who had trained at a number of gyms in the Toronto area, stated that anabolic steroids were widely available to anyone. Mike Spiritoso, who represented Canada in international track and field competition, also said he was able to obtain anabolic steroids easily in gyms in the Toronto area. According to David Bain, a high school football player, they are equally available in gyms in the Guelph area. Kevin Roy, a weightlifter and a carded athlete between 1981 and 1987, stated that he first obtained anabolic steroids at the gyms in which he was working out. Louis Taffo, a member of the York Yeomen Football Team, initially received anabolic steroids from Dr Jamie Astaphan. When Dr Astaphan closed his Toronto practice in 1986, Mr Taffo obtained them in local gyms. A succession of college football players who testified before this Commission stated that gyms were the main source of information and supply of anabolic steroids.

Commission investigators confirmed this evidence merely by visiting local establishments. Investigator Ken St Germain testified that "almost every . . . gym in Canada is a source of anabolics, either legitimate or counterfeit." He went on to say that, in some cases, the owner may be opposed to the practice. In others, the owner is involved in the distribution:

> [T]here are also people employed by the gyms that may be an instructor . . . that is supplementing his income by trafficking in steroids.
>
> We also have the member that is attending a gym who becomes known to other people in there that the steroids are available through him.

He also pointed out that the gym may in some cases simply be the point of contact, with actual distribution taking place at another location.

A report prepared for the Quebec Provincial Police in 1987 concluded that trafficking in anabolic steroids was well established in gyms in the Montreal area and its suburbs. According to Dr Robert Kerr, anabolic steroids have been available at gyms in the United States since the 1960s, and gyms continue to be a major source of supply and distribution.

Distribution through gyms is not limited to North America. Senator Black, investigating steroid use in Australia, noted the availability of drugs in gymnasiums there and made specific recommendations to curb this activity.

The Health Department of Western Australia stated that "anabolic steroids are available in virtually all gymnasia which specialise in strength sports and probably most others."[1] One of the Australian Committee's recommendations was that gymnasiums and health clubs be licensed and that a condition of licensing be that the premises be free of anabolic steroids and other drugs.

Bernd Heller, a West German journalist and former athlete, confirmed that the situation was similar in Europe. In Britain, the 1988 Amateur Athletic Association Drug Abuse Enquiry reported on the situation in that country:

> We see no reason to doubt evidence we have heard of a regular importation of anabolic steroids from France to the minor port of Barrow-in-Furness, and their distribution through a gymnasium in that town to the north west of England; or that similar trading takes place equally openly around the whole of Britain.[2]

Black Market Dealers

It also became apparent from evidence given at this Inquiry that many of those who obtained steroids from black market sources in gyms became minor dealers themselves, usually to other users. Benoît Lévesque, a Quebec bodybuilder, supplied anabolic steroids to Quebec weightlifters. He also sold anabolic steroids and growth hormone to sprinter Julie Rocheleau.

Mike Spiritoso gave evidence of buying steroids from Bishop Dolegiewicz:

> [W]e would be sitting around at the Michael Power [High School] track and right after the workout, I would buy my supply. That would last me basically a year or nine months . . . we would just count it out and I gave him the money, and that was it.

These transactions took place in 1983 and 1984. In 1985 Mr Spiritoso "loaned" Mr Dolegiewicz 700 steroid pills "because they were hard to get at that time." Peter Dajia testified that he purchased anabolic steroids from Mr Dolegiewicz and also, while at Clemson University, from an ex-football player.

Dr Astaphan attempted to use Steve Brisbois as a black market source in May or June 1988. He asked Mr Brisbois to obtain growth hormone on the black market so that Dr Astaphan could then sell it to his elite athletes. Apparently Mr Brisbois was unsuccessful in obtaining the growth hormone and Dr Astaphan got it elsewhere.

Rob Gray said that prior to receiving steroids from Dr Astaphan, he received them from other athletes. Ontario collegiate football players also testified that, when they were unable to get anabolic steroids from physicians, they turned to gyms and in some cases to fellow team members for a source of supply.

David Bain described being offered steroids by a dealer at a gym in Guelph while he was a high school football player in 1987. He subsequently bought steroids and testosterone from an acquaintance in Guelph. Later, he and a friend bought human growth hormone from yet another source.

Richard Lococo, a football player from Sudbury who was subsequently drafted by the Hamilton Tiger Cats, was first offered steroids by a teammate while at high school in California. On his return to Canada, he obtained them from contacts in gyms.

Members of the Bureau of Dangerous Drugs, Health and Welfare Canada, in an article published in the *Canadian Pharmaceutical Journal* in August 1989, had this to say on the topic of distribution of anabolic steroids:

> Information from various law enforcement agencies and reports found in the current literature suggest that most of the anabolic steroids used by athletes are not prescribed by physicians. The majority of these drugs are obtained directly from legitimate Canadian companies that illegally import and/or sell these drugs, or from other athletes who have obtained them while competing in foreign countries where they are readily available.

> United States authorities have recently confirmed that a major distributor of anabolic steroids is operating in southwestern Ontario. Another major company, with addresses in various centres across the country, uses "muscle magazines" to advertise. During the past fiscal year, this company was reported to have had profits of $2 million from annual sales estimated to be $10 million. Another distributor located in Montreal, using 54 distribution sources throughout the province of Quebec, has recently pleaded guilty to trafficking charges. The majority of anabolic steroids illegally imported into Canada originate in the United States. Other sources include France, Germany, Italy, Spain, eastern countries, Mexico, India and Aruba.[3]

In the Montreal case, the distributor was fined a total of $6000 and put on probation for three years. It was a condition of probation that he not communicate directly or indirectly with his customers, and that he have no dealings with or go to gyms or bodybuilding centres in Canada.

A disturbing note was struck by the evidence of Mario Chagnon, a former Bishop's University football player. He stated that he obtained his steroids from a pusher who supplied the campus with drugs as well as supplying the football team with steroids.

The British inquiry referred to above recognized that there is a black market problem in that country too for various banned substances:

> With the more sophisticated forms of drug abuse, there appears to be ready access for any determined athlete, although not by any means on the local shopping basis of anabolic steroids or stimulants. We accept that there is a serious black market in human growth hormone, and there have been well-substantiated incidents of substantial thefts of such material which can only be seen as being planned with the athletes in mind as a market.[4]

Mail Order

Distribution of anabolic steroids and other performance-enhancing drugs by mail order is itself a multimillion-dollar business in North America. Mr Degan of the U.S. FDA pointed out that, as more information became available to the public through weightlifting and bodybuilding magazines, as well as publications such as the *Underground Steroid Handbook*, the interest in these drugs grew dramatically. Because there were few regulations touching the sale or distribution of steroids in the United States prior to 1983, several individuals started mail-order businesses. Information about the drugs together with price lists were distributed widely.

There was also evidence of mail-order distribution of performance-enhancing substances in Canada. In 1987 Canadian authorities investigated the owner of a mail-order operation in Nova Scotia with 6000 people on his customer list. He sent out 1500 letters each week to potential customers and received 200 letters a day requesting anabolic steroids. His mailing costs alone exceeded $28,000 per annum. According to investigators, he had built up a massive business. He was charged, convicted, and fined $500 for selling a substance containing a Schedule F drug under the *Food and Drugs Act*. He has since resumed the "legitimate" aspect of his business — publication of a newsletter about performance-enhancing drugs.

Mail-order operators paint a glowing picture of the business, as evident in these excerpts from a mail-order brochure:

> Thank you for responding to our Report '88 ad. Due to the overwhelming response from our ad, we are currently out of stock of Report '88. We have just ordered 5,000 more copies and as soon as they are ready, we'll be sending your copy without delay. We are very sorry for the delay.

> We are, however, sending a list of our products and services to you in case you are in a hurry to get some real steroids.
>
> We say real, because there is so much fake steroid on the market and so many rip off artists that the steroid user today has to be very careful who he buys from . . . All our products we sell are 100% real and purchased right from the manufacturer.
>
> Our prices might be a little higher but then you can be sure that from us you get fast service and real products. We look forward to having you as a customer and hope you find our products the very best.

and:

> We now offer to you personalized steroid programs.
>
> Send us a history of your training experience, current diet, body type, height, weight and any steroid experience, your current training program and training goals. We will send you a training program, proper diet and detailed steroid program personalized just for you.

SOURCES OF BLACK MARKET SUPPLY

Many of the anabolic steroids distributed on the black market in Canada and the United States are manufactured by clandestine laboratories in the United States and Central and South America, without any of the regulatory safeguards that apply to legitimate laboratories. The drugs are manufactured, packaged, and labelled to resemble legitimate products from pharmaceutical companies, with convincing details such as the inclusion of an explanatory product monograph. Pharmaceutical companies can point out minor discrepancies in label marking or lot numbers in the counterfeit packaging, but the ultimate consumer is unlikely to detect the deception. The appearance of the drugs therefore misleads unwary consumers who think they are receiving legitimate anabolic steroids.

In December 1989, the Health Protection branch of Health and Welfare Canada examined black market steroid preparations seized by Canadian law-enforcement authorities. Their analysis showed that most of the samples seized were of uncertain or poor quality. The majority contained no anabolic steroids at all. Furthermore, inadequate sterility had been maintained, particularly for injectable drugs, presenting additional health risks to the consumer of these products. Evidence to the same effect was heard at the Australian inquiry.

The biggest source of supply of black market steroids to the United States was a clandestine laboratory in Mexico. This laboratory was finally located and shut down by the Mexican authorities in early 1989. Other countries continue to fill the demand. Anabolic steroids manufactured in clandestine laboratories in Europe are very much in demand in North America, reportedly because European drugs are often not approved for use here, and athletes and others wish to use the same drugs as their European competitors.

These substances are costly. The evidence disclosed that injections of Deca-Durabolin cost up to $25 each; and that bottles of steroid pills cost from $35 to $50 each. Angella Issajenko stated that in one year she had paid approximately $1200 to each of two physicians for steroid products.

Human growth hormone represents an integral part of the black market in performance-enhancing substances. In both Canada and the United States the legitimate market for growth hormone is tightly controlled. As noted elsewhere in this report, it is distributed in Canada only by hospital pharmacies, under the control of physicians who are members of the Canadian Growth Hormone Advisory Committee. Occasionally, legitimate product may make its way onto the black market by theft or other means. More commonly, counterfeit growth hormone is all that is available. Real growth hormone is much more expensive than anabolic steroids, with the average black market cost in the range of $1000 for a single vial.

There is no doubt that the increased incidence of the use of banned substances in sport is due in part to the proliferation of sources of supply that have put these substances within reach of athletes, university and high school students, and anyone who frequents gyms in Canada. Furthermore, since much of what is available on the black market is illicitly produced, without proper or any quality control, users are not only being duped but are running serious additional health risks. Any plan to curb doping in sport must take into account the extent to which ineffective controls on the manufacture, importation, and distribution of these substances has allowed their use to spread.

18

Food and Drugs Act

Drugs are regulated in Canada under the *Food and Drugs Act*, R.S.C. 1985, c. F-27, and the *Narcotic Control Act*, R.S.C. 1985, c. N-1. The combined effect of these two statutes is to regulate all drugs and substances through a classification system. At one end of the spectrum are substances over which very little control is exercised, and at the other end are prohibited substances. The federal minister of health and welfare administers these acts under the authority granted him or her to promote and preserve "the health, social security and social welfare of the people of Canada" (*Department of National Health and Welfare Act*, R.S.C. 1985, c. N-10).

Anabolic steroids are regulated under the *Food and Drugs Act*, R.S.C. 1985, c. F-27, and regulations made thereunder. Schedule F to the regulations lists those drugs that may be sold only by medical prescription. The schedule is divided into two parts. Drugs listed in Part II may be sold without prescription in certain circumstances; those in Part I may never be sold without prescription.

Sex hormones, the general category into which anabolic steroids fall, are, with several exceptions, listed in Part II. The excepted sex hormones, which appear in Part I, are:

(a) Boldenone undecylenate,
(b) Cyproterone acetate,
(c) Diethylstilbestrol and its salts and derivatives,
(d) Megestrol and its salts,
(e) Mibolerone, and
(f) Stanozolol.

The Regulation reads as follows:

> C.01.041.(1.1) Subject to sections C.01.043, C.01.046 and C.01.601, no person shall sell a substance containing a Schedule F drug unless (a) such sale is made pursuant to a verbal or written prescription received by him.

The exception contained in section C.01.043 is for sale without a prescription to drug manufacturers, licensed practitioners, wholesale druggists, pharmacists, hospitals, and government departments.

The exceptions referred to in sections C.01.046 and C.01.601 apply to those drugs listed in Part II of Schedule F. Section C.01.046 reads:

> A person may sell a drug listed or described in Part II of Schedule F to the Regulations, without having received a prescription therefor, if
>
> (a) the drug is in a form not suitable for human use; or
>
> (b) the main panel of both the inner and outer labels carries the words "For Agricultural Use Only" or "Agricultural Use Only" immediately following or preceding the proprietary or brand name, proper name or common name in type not less than one half as large as the largest type on the label.

Section C.01.601 reads:

> A person may sell a drug listed or described in Part II of Schedule F to the Regulations, without receiving a prescription therefor, if
>
> (a) the drug is in a form not suitable for human use; or
>
> (b) the main panel of both the inner and outer labels carries the words "For Veterinary Use Only" or "Veterinary Use Only" immediately following or preceding the proprietary or brand name, proper name or common name in type not less than one half as large as the largest type on the label.

It is apparent that these exceptions are to facilitate access to the Schedule F, Part II drugs for agricultural and veterinary purposes. Other sections of the Regulation exclude these drugs, when intended for veterinary or agricultural use, from the importation and advertising restrictions contained in the Regulation.

Section C.01.044 reads:

> (1) No person shall, in advertising a Schedule F Drug to the general public, make any representation other than with respect to the name, price and quantity of such drug.
>
> (2) Subsection (1) does not apply where
>
> (a) the drug is listed or described in Part II of Schedule F; and
>
> (b) the drug is
> (i) in a form not suitable for human use, or
> (ii) labelled in the manner prescribed by paragraph C.01.046(b) or C.01.601(b).

Section C.01.045 reads:

> (1) Subject to subsection (2), no person other than

(a) a practitioner;
(b) a drug manufacturer;
(c) a wholesale druggist;
(d) a registered pharmacist; or
(e) a resident of a foreign country while a visitor in Canada,
shall import a Schedule F Drug.

(2) Any person may import a Schedule F Drug listed or described in Part II of Schedule F to the Regulations if the drug is imported in such form or so labelled that he could sell it under section C.01.046 or C.01.601.

The effects of the Regulation with respect to sex hormones, within which general term anabolic steroids fall, are:

1) Apart from veterinary or agricultural products, they cannot be sold to the public without a prescription.

2) Some anabolic steroids (those listed in Part II of Schedule F) can be sold to the public without a prescription if they are clearly labelled as being for agricultural or veterinary use only, or if they are in a form not suitable for human use.

3) Anabolic steroids may be imported only by those authorized by the Regulation to do so (practitioners, drug manufacturers and wholesalers, pharmacists, and foreign visitors). However, those anabolic steroids falling within Part II of the schedule may be imported by anyone if they are clearly labelled for agricultural or veterinary use or are in a form not suitable for human consumption.

4) Stanozolol is listed in Part I of the schedule. It is therefore subject to all the restrictions on sale, advertising, and importation, without any exception for veterinary or agricultural use.

5) Human growth hormone (somatrem and somatropin) is listed in Part I of the schedule. It therefore cannot be sold to the public without prescription. Its therapeutic use is limited to the treatment of growth hormone deficiency in children, and the medical profession itself controls distribution. It follows that the product used by athletes comes from black market sources.

There is no restriction in the Act or Regulations against simply possessing Schedule F drugs. The definition of "selling" contained in section 2 of the Act does include possession for sale, as well as distribution:

> "[S]ell" includes offer for sale, expose for sale, have in possession for sale and distribute, whether or not the distribution is made for consideration.

The penalties for a breach of the Act and Regulations are contained in section 31 of the Act:

> Every person who contravenes any of the provisions of this Act, except Parts III and IV, or of the regulations made under this Part is guilty of an offence and liable
>
> (a) on summary conviction for a first offence to a fine not exceeding five hundred dollars or to imprisonment for a term not exceeding three months or to both and, for a subsequent offence, to a fine not exceeding one thousand dollars or to imprisonment for a term not exceeding six months or to both; and
>
> (b) on conviction on indictment to a fine not exceeding five thousand dollars or to imprisonment for a term not exceeding three years or to both.

A review of some of the cases that have come before the courts indicates that the most commonly applied penalty is a fine of $500 or less — an amount which poses no real deterrent to an activity that generates huge profits for those who illegally sell and distribute anabolic steroids.

Parts III and IV of the *Food and Drugs Act* deal with classes of drugs that are more closely regulated than those in Schedule F.

Schedule G of the Act lists drugs classed as "controlled." These drugs have some medical use, but significant abuse potential exists. Amphetamines are one example of a "controlled" substance. Schedule H lists drugs classed as "restricted," which include substances such as LSD. These drugs have no recognized medical use and have significant potential for abuse. Psychoactive substances, such as morphine, heroin, and cocaine, are regulated by the *Narcotic Control Act*.

With respect to "controlled drugs," section 39 of the Act provides:

> (1) No person shall traffic in a controlled drug or any substance represented or held out by the person to be a controlled drug.
>
> (2) No person shall have in possession any controlled drug for the purpose of trafficking.
>
> (3) Every person who contravenes subsection (1) or (2) is guilty of an offence and liable
>
> (a) on summary conviction, to imprisonment for a term not exceeding eighteen months; or
>
> (b) on conviction on indictment, to imprisonment for a term not exceeding ten years.

With respect to "restricted drugs," section 47 of the Act provides:

> (1) Except as authorized by this Part or the regulations, no person shall have a restricted drug in possession.
>
> (2) Every person who contravenes subsection (1) is guilty of an offence and liable

> (a) on summary conviction for a first offence, to a fine not exceeding one thousand dollars or to imprisonment for a term not exceeding six months or to both and, for a subsequent offence, to a fine not exceeding two thousand dollars or to imprisonment for a term not exceeding one year or to both; or
>
> (b) on conviction on indictment, to a fine not exceeding five thousand dollars or to imprisonment for a term not exceeding three years or to both.

Section 48 of the Act provides:

> (1) No person shall traffic in a restricted drug or any substance represented or held out by the person to be a restricted drug.
>
> (2) No person shall have in possession any restricted drug for the purpose of trafficking.
>
> (3) Every person who contravenes subsection (1) or (2) is guilty of an offence and liable
>
> (a) on summary conviction, to imprisonment for a term not exceeding eighteen months; or
>
> (b) on conviction on indictment, to imprisonment for a term not exceeding ten years.

"Traffic" is defined in sections 38 and 46 of the Act — for the purposes of both "controlled" and "restricted" drugs — as follows:

> "[T]raffic" means to manufacture, sell, export from or import into Canada, transport or deliver, otherwise than under the authority of this Part or the regulations.

As with Schedule F drugs, simple possession of a "controlled" drug is not an offence under the Act, although the penalties for sale or trafficking are much more severe than those that apply to Schedule F drugs. Mere possession of a "restricted" drug is, however, an offence under the Act. One of the recommendations contained in a brief submitted to the Inquiry by the Canadian Pharmaceutical Association was that anabolic steroids and human growth hormone be given "controlled drug" status under the Act:

> [T]he Canadian Pharmaceutical Association suggests that consideration be given to re-scheduling anabolic steroids and human growth hormones in all forms other than through implantation, from Part II, Schedule F of the Food and Drugs Act to Part III, Schedule G of the Food and Drugs Act thereby giving them a "controlled drug" status.

An exception was suggested for steroids used for veterinary purposes, so long as they be in implant form and unsuitable for use in humans. The brief suggested that the implications of rescheduling anabolic steroids would

- make anabolic steroids and human growth hormones, excluding implants, subject to the strict manufacturing, importation and distribution controls which govern controlled drugs
- establish tighter controls over the purchase and sale of all such products including within the licit system
- allow for easier enforcement and prosecution for trafficking.

The Ordre des pharmaciens du Québec in its submission also recommended that anabolic steroids be given "controlled drug" status:

> The Ordre des pharmaciens du Québec recommends that anabolic steroids be listed henceforth in Appendix G of the Food and Drug Regulations and be considered controlled drugs. [Translation]

Both associations made recommendations for tightening controls over wholesalers and manufacturers of these products.

A brief submitted by the Ontario Veterinary Association acknowledged that evidence before this Commission had established that "some anabolic steroids manufactured and labelled for veterinary use have been diverted for human use." Among the recommendations of this association were:

> Establishment of a monitoring and reporting system for the sale of anabolic steroids from wholesalers and retailers to legally qualified licensed practitioners such as medical doctors, pharmacists and veterinarians.
>
> Develop programs to intensify cooperation and information flow between all drug enforcement agencies and the investigative units of regulatory bodies that license practitioners who are authorized to prescribe drugs.
>
> Intensified surveillance of legal and illegal movement of drugs across international boundaries.

There appears to be a consensus among those bodies involved in the legitimate sale and distribution of anabolic steroids that the regulatory mechanisms now in place are inadequate to deal with the abuses that occur. I note also that other countries are taking steps to regulate more strictly the production and sale of these products and to increase the range of penalties available.

REGULATION IN OTHER COUNTRIES

United Kingdom

Two governing statutes apply to the control of drugs in the United Kingdom: the *Misuse of Drugs Act* of 1971 and the *Medicines Act* of 1968. The following summary was prepared by the British Sports Council.

> *Misuse of Drugs Act 1971*
>
> This Act replaced the *Dangerous Drugs Acts* of 1965 and 1967 and *Drugs (Prevention of Misuse) Act* 1964. It provides powers to prevent the misuse of drugs, and to deal with social problems related to their misuse in several ways. It establishes a list of all

dangerous or otherwise harmful substances and products, ie controlled drugs and creates a framework to prevent their misuse involving restrictions and controls on the import, export, production, supply and possession of controlled drugs; safe custody, licensing, regulating of prescriptions, power to withdraw authority from doctors, dentists, veterinary surgeons or pharmacists and the punishment of offenders.

Controlled drugs are listed in Schedule 2 of the Misuse of Drugs Act 1971 and are divided into three classes — A, B and C. The classification is used to determine the penalties which may be imposed for offences involving drug misuse.

Enforcement of the Act is the responsibility of the Home Office through the Police and the Courts.

Medicines Act 1968

This Act provides for the control of medicinal products and substances through a system of licences, including the licensing of firms engaged in their manufacture or wholesale. There are three categories of status of the products controlled under the Medicines Act 1968 which, dependent upon the ingredients involved, govern the availability of medicines:

a. The Prescription Only Medicines (POM list) where products may only be provided on a prescription from a medical practitioner.

b. The General Sales List (GSL) where products may be purchased over the counter.

c. Medicines whose ingredients are not covered by the POM or GSL lists are Pharmacy only and may only be sold under a Pharmacist's supervision.

Specifically a product licence is needed to market or import a medicine; manufacturers' and wholesale dealers' licences are needed for these operations.

Enforcement of the Medicines Act is the responsibility of the Department of Health.

> Unlicensed dealing in, and obtaining of anabolic steroids without a licence are offences against the Medicines Act 1968. Offences would be liable to criminal proceedings and could attract penalties of fines and/or imprisonment. For example, unlicensed trading on summary conviction would attract a fine not exceeding £2,000; on conviction of indictment higher penalties, including imprisonment, could be imposed.
>
> The Medicines Act 1968 does not control the abuse of anabolic steroids or other substances. Possession of anabolic steroids does not constitute an offence under the Act.

A bill being prepared for consideration by Parliament proposes moving the regulation of anabolic steroids from the *Medicines Act* to the *Misuse of Drugs Act*, with corresponding increases in the applicable penalties.

United States

Steps are being taken by a number of states in the United States, as well as by federal authorities, to deal more effectively with what the federal Department of Health and Human Services has described as a major drug problem — the abuse of anabolic steroids and related prescription drugs by athletes and nonathletes. I was advised by the Office of Enforcement of the Department of Health and Human Services that, as of April 1990, thirty-three states had enacted legislation or adopted regulations dealing specifically with anabolic steroids. Proposed legislation of four other states was in committee. (Twenty-six of the bills introduced in 1988 and 1989 had not yet been issued.)

These legislative measures vary in their thrust, from mandating penalties for illegal distribution to placing anabolic steroids under a state's controlled substances legislation. (A summary of the legislation enacted or introduced federally and in various U.S. states appears as appendix H at the end of the report.)

It is noteworthy that many of the measures proposed or already enacted contain the following elements:

- treating as a felony the prescribing, dispensing, or administering of anabolic steroids or human growth hormone solely for athletic purposes;
- rejecting enhanced athletic performance, increased muscle mass, or weight or strength gain as a "valid medical purpose" for prescribing or dispensing anabolic steroids or human growth hormone;
- assigning heavier penalties for offences involving minors;
- requiring warnings about anabolic steroids and human growth hormone to be posted in schools, gymnasiums, and athletic facilities, with fines for noncompliance; and
- treating simple possession as a misdemeanour, but treating possession for the purposes of distribution — whether or not for consideration — as a felony.

I have considered these measures in making my recommendations with respect to the regulation of anabolic steroids and related substances in Canada.

Australia

As in the United States, Australia's legislation relating to drug offences varies from state to state. In general, the states and territories are responsible for the sale and distribution of all pharmaceuticals within their boundaries. The Commonwealth government, however, through the provisions of Regulations 5A to 5G of the Customs (Prohibited Imports) Regulations, is responsible for controlling the importation of therapeutic substances. A person wishing to import a therapeutic substance into Australia must either be a licensed importer or have written permission from the secretary of the Department of Community Services and Health. Once the substance is in the country, its distribution must be in accordance with conditions set out in the secretary's approval. A person may import in his or her accompanying luggage therapeutic substances for personal use, such as vitamins and anabolic steroids, although the amount allowed is at the discretion of Customs officers.

The 1988 Senate committee inquiring into drugs in sport found this last policy unsatisfactory. Further, it found that therapeutic substances for use solely in the treatment of animals were exempt from licensing requirements — and that anabolic steroids were being imported under that exemption. The evidence before the committee established that anabolic steroids intended for veterinary use only were being diverted to the black market, for human use.

With respect to state regulation of these substances, the committee examined the legislation in place in Victoria and noted that substances appearing on the IOC list of prohibited substances fall into four categories for the purposes of the *Drugs, Poisons and Controlled Substances Act* of 1981: (1) drugs of dependence (Schedule Eleven), (2) drugs of addiction (Schedule Eight), (3) restricted substances (Schedule Four), and (4) industrial and agricultural poisons (Schedule Six). Anabolic steroids for human use fall into Schedule Four and are available only on prescription. However, veterinary anabolic steroids fall into the category of industrial and agricultural poisons (Schedule Six); when intended for agricultural use, they are available in Victoria without restriction.

As a result of these findings, the Senate committee recommended:

- that the supply for human use of any anabolic steroid labelled for veterinary use be made a criminal offence punishable by the same penalties as those that apply to the unauthorized use of human anabolic steroids;
- that regulations concerning the importation of veterinary anabolic steroids be made as stringent as those that apply to anabolic steroids for human use;
- that anabolic steroids prepared for human use be reclassified as a Schedule Eight drug (i.e., drugs of addiction);
- that the sale or supply without prescription of anabolic steroids be made a criminal offence;
- that the Australian Medical Association and the responsible medical boards develop and implement policies prohibiting the prescription of drugs purely to enhance sporting performance; and
- that Australian Customs officers be made aware that Australian athletes should not continue to be in a low-risk category with respect to the importation of anabolic steroids and other performance-enhancing drugs, and that passenger control guidelines be amended accordingly.

On February 3, 1985, the Government of Western Australia made anabolic steroids subject to that state's *Misuse of Drugs Act*. The effect of this initiative is that in Western Australia:

- selling or supplying or intending to sell or supply anabolic steroids is an indictable offence and carries a maximum fine of $100,000 or imprisonment for twenty-five years;
- simple provision of anabolic steroids without a prescription is an offence and carries a maximum fine of $3000; and

- owners of premises who allow the sale or use of anabolic steroids on their premises are liable for a fine up to $3000.

The Senate committee urged other states to follow the same approach.

SUMMARY

The extent to which a substance is open to abuse, with consequent health risks, is a proper consideration in determining the degree to which the substance should be regulated. I am satisfied on the evidence before this Commission that the time has come to review the method by which anabolic steroids and other substances open to abuse in the sport context are regulated in Canada.

This view is supported further by the fact that other countries have arrived at a similar conclusion and are moving towards stricter controls on these substances.

19

Medical Profession

Physicians have played an important role in supplying anabolic steroids and other banned drugs to athletes for performance enhancement. Many athletes who testified at this Inquiry received banned substances from physicians, in some cases together with medical supervision and in other cases without any medical care whatsoever. The medical profession across Canada, however, has recently taken an active role in curtailing these practices by regulating the prescription of performance-enhancing substances to athletes. The policies of the associations governing Canadian physicians are set out below.

MEDICAL POLICIES REGARDING PERFORMANCE-ENHANCING DRUGS

The Canadian Medical Association (CMA) has taken this position on drug use in sport:

> The CMA condemns the use of anabolic steroids, growth hormones and other substances (defined by the International Olympic Committee's Medical Commission) for the sole purpose of enhancing athletic performance. The association considers the provision of such agents unacceptable medical practice. The CMA believes, however, that it is imperative that athletes not be penalized for using drugs that are required for medical reasons.

The College of Physicians and Surgeons of Ontario has issued two statements regarding the use of anabolic steroids by athletes. In June 1983 the policy was as follows:

> Use of Anabolic Steroids by Athletes
>
> Anabolic steroids are frequently used by athletes despite the bans of various sports organizations. Controversy surrounds the interpretation of clinical trials, but there appears to be little evidence that they enhance endurance, speed or cardiovascular fitness. Physicians who prescribe anabolic steroids must warn their patients of side effects and carefully monitor the patient as long as these compounds are being taken.
>
> Even though the newer synthetics have a lower androgenic effect, they may cause premature and irreversible epiphyseal closure in young persons. The masculinizing effects are particularly striking in young women. Prepubertal female athletes are at greatest risk.
>
> All oral forms of anabolic steroids contain a chemical group that is associated with some degree of hepatic toxicity in a large proportion of those who use them. These side effects have only been described in patients taking oral agents and have not been reported where injectable forms were used.
>
> In men, anabolic steroids may cause testicular dysfunction which is reversible on withdrawal of the agent.

In November 1988, after the Seoul Olympic Games, the policy was stated as:

New Policy on Providing Substances to Athletes to Enhance Performance

In June of this year, the Sport Medicine Council of Canada asked the College to re-examine the issue of physicians providing anabolic steroids to athletes. The College had issued a statement in 1983 warning physicians of the side effects of anabolic steroids, but the Sport Medicine Council felt this was becoming an issue of increasing concern.

The College undertook a thorough review of the literature on this matter, and consulted with a number of experts in the field. As a result of this research, the Council of the College approved the following policy statement at its October meeting:

"Prescribing, administering or providing assistance relating to the use of substances, including anabolic steroids, for the purpose of enhancing athletic performance, without medical indication, and/or for the apparent purpose of assisting an athlete to cheat, is unprofessional conduct."

The Quebec Office of the Syndic has issued the following policy as of November 1988:

Prescribing Anabolic Steroids to Athletes

The results of studies concerning the effects of anabolic steroids on athletes who take them to improve their performance remain controversial.

These products can have side effects that may not be reversed when the athlete stops taking them, including certain signs of virilization in women. Furthermore, the changes that occur to HDL-cholesterol lead us to believe that users of such products are at increased risk with respect to cardiovascular disease.

Consequently, medical authorities in certain Canadian provinces and American states have deemed it necessary to pass a regulation specifically prohibiting the prescription of anabolic steroids to athletes.

In Québec, the Office of the Syndic does not intend to request that such a regulation be passed because the province's Code of Ethics of Physicians contains sections that apply to this type of practice. Physicians who prescribe such products, under

> these circumstances, contravene section 2.03.21* of the Code of Ethics of Physicians, which stipulates that physicians may only prescribe drugs for medical reasons. [*A physician must only provide care or give a prescription for medication or treatment when medically necessary.]
>
> On May 10, 1988, with a view to enforcing this regulation, the Corporation's Committee on Discipline imposed a penalty against a physician who had prescribed anabolic steroids to athletes solely in an attempt to improve their performance.
>
> In light of these facts, and the Corporation's role of protecting the public, the Office of the Syndic wishes to notify physicians *that any prescription of anabolic steroids to athletes with the sole aim of improving their performance* will be considered as an act directly contravening the Code of Ethics and will be likely to entail the application of *disciplinary measures* against the offender.

The British Columbia College of Physicians and Surgeons passed its Resolution 88-10 before the Seoul Olympic Games:

> Resolved that it shall be deemed to be unprofessional or in some instances, infamous conduct for a member of the College to administer, prescribe, give, sell or furnish, or co-operate in the provision of anabolic steroids to healthy individuals.

The College of Physicians and Surgeons of Alberta passed motion 110-88, stating:

> That the deliberate provision to an individual of a substance, as defined by the International Olympic Committee's Medical Commission, for the purposes of enhancing athletic performance and/or building muscle mass, is an unacceptable practice.

Saskatchewan's College of Physicians approved Bylaw 42 in February 1988:

> (A) A physician shall not utilize anabolic steroids, growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), or other hormones for the purpose of enhancing athletic ability;

> (B) A physician shall complete and maintain patient medical records which accurately reflect the utilization of any substance or drug described in (A) above. Patient medical records shall indicate the diagnosis and purpose for which the substance or drug is utilized, and any additional information upon which the diagnosis is based. Records on these patients must be produced for inspection by the College.
>
> (C) Failure to follow this bylaw shall be considered unprofessional conduct under Section 46 of the Medical Profession Act.

In September 1988 the Standards Committee of the College of Physicians and Surgeons of Manitoba approved the following statement for publication:

> That physicians should not prescribe drugs for non-medical reasons. In particular, physicians should not prescribe, nor support in any way, the use of anabolic steroids, growth hormones, or any other drugs for athletic enhancement; and
>
> That physicians should acquaint any patient using these drugs of the inherent danger of the use of drugs; and
>
> That the College deems prescribing of the above drugs for non-medical uses to be unethical conduct.

The New Brunswick rule is:

> That Anabolic Steroids for athletes and body builders does not conform to the standard of acceptable medical practice in this licensing authority and that all physicians in New Brunswick, through the N.B. Medical Society Newsletter, be informed of this policy and that if any physician feels he should treat an athlete with Anabolic Steroids for any reason, he should first inform the Council of the College in writing of this special circumstance and Council will deal with that specific request.

Nova Scotia has the following policy:

> The Provincial Medical Board of Nova Scotia considers it unacceptable practice for a physician to prescribe anabolic steroids to a healthy individual for body building or any other

> purpose. The Provincial Medical Board considers it to be unprofessional conduct unbecoming a doctor to administer, prescribe, give, sell or furnish or cooperate in the provision of steroids to healthy individuals.

The Prince Edward Island College of Physicians and Surgeons states the rule as follows:

> Council has decided that presently in the regulations under the Medical Act it is stated that "improper use of the authority to prescribe, sell, or dispense a drug, including falsifying a record in reporting a prescription or the sale of a drug" constitutes professional misconduct. In interpreting this regulation the prescribing of anabolic steroids for other than strictly medical indications and specifically the prescription or sale of these agents for the purpose of enhancing athletic performance will be considered as professional misconduct by the Council.

The following policy was approved by the Newfoundland College of Physicians and Surgeons in the fall of 1988 and published in January 1989:

> It shall be the policy of the Newfoundland Medical Board that physicians who prescribe, supply or assist in the administering of anabolic steroids to healthy persons for the purposes of enhancing athletic ability will be deemed to have committed professional misconduct and as a consequence will be subject to Section 25 of the Newfoundland Medical Act.

The Yukon Medical Council issued the following guideline in September 1988:

> Anabolic Steroids
>
> (a) A physician shall not utilize anabolic steroids, growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), or other hormones for the purpose of enhancing athletic ability.

> (b) A physician shall complete and maintain patient medical records which accurately reflect the utilization of any substance or drug described in (a) above. Patient medical records shall indicate the diagnosis and purpose for which the substance or drug is utilized, and any additional information upon which the diagnosis is based.

Canadian physicians are not alone in their position regarding performance-enhancing substances. For example, the American College of Sport Medicine has issued the following statement regarding the use of anabolic steroids:

> Based on a comprehensive literature survey and a careful analysis of the claims concerning the ergogenic effects and the adverse effects of anabolic-androgenic steroids, it is the position of the American College of Sports Medicine that:
>
> 1. Anabolic-androgenic steroids in the presence of an adequate diet can contribute to increases in body weight, often in the lean mass compartment.
> 2. The gains in muscular strength achieved through high-intensity exercise and proper diet can be increased by the use of anabolic-androgenic steroids in some individuals.
> 3. Anabolic-androgenic steroids do not increase aerobic power or capacity for muscular exercise.
> 4. Anabolic-androgenic steroids have been associated with adverse effects on the liver, cardiovascular system, reproductive system, and psychological status in therapeutic trials and in limited research on athletes. Until further research is completed, the potential hazards of the use of the anabolic-androgenic steroids in athletes must include those found in therapeutic trials.
> 5. The use of anabolic-androgenic steroids by athletes is contrary to the rules and ethical principles of athletic competition as set forth by many of the sports governing bodies. The American College of Sports Medicine supports these ethical principles and deplores the use of anabolic-androgenic steroids by athletes.

The condemnation of the prescription of anabolic steroids for athletics or appearance is unanimous among responsible physicians. Given the obvious concern about these drugs within the medical profession, how much more urgent is the need to take action against the growing uncontrolled use of anabolic steroids from nonmedical sources.

PHYSICIANS PRESCRIBING PERFORMANCE-ENHANCING DRUGS

The evidence disclosed that a number of physicians had prescribed performance-enhancing substances, including anabolic steroids, to Canadian athletes. Three of these physicians testified about their practices.

The evidence of Dr Gunther Koch has been discussed earlier in this report. It should be pointed out that Dr Koch provided anabolic steroids to only one competing athlete.

The evidence of Dr George Mario (Jamie) Astaphan has been discussed earlier as well, in the section on track and field. There is no doubt that over a period of several years he administered anabolic steroids and other banned substances to many athletes solely for the purpose of performance enhancement.

As noted in the chapter of this report concerning supply and distribution of anabolic steroids, Dr Ara Artinian, a Toronto physician, has over the past ten years prescribed anabolic steroids to many patients, including a number of athletes. He claimed that he used anabolic steroids to treat a wide variety of conditions. He admitted that he also prescribed anabolic steroids to patients merely because they wanted to get bigger, stronger, and heavier. Many athletes testified that they went to Dr Artinian for the sole purpose of obtaining anabolic steroids and that he distributed the drugs both as pills and in injectable form in return for cash payments.

As noted above, physicians who may have been permitted to prescribe performance-enhancing substances to athletes, subject to certain conditions, are no longer permitted to do so. There remains, however, the question of what should be done in light of the specific evidence concerning the physicians named above. This issue will be addressed in the conclusions and recommendations of the report.

20

Drug-Testing Issues

Having discussed the disheartening evidence of drug use in sport, I can now return to several themes related to drug testing that are apparent in the evidence. The first theme is what I call the fallacy of in-competition testing.

FALLACY OF IN-COMPETITION TESTING

Many witnesses testified about "clearance times" for anabolic steroids. The expression described how long before the test the athlete would have to stop using drugs to avoid detection. Anabolic steroids in particular are used during training. If the athlete stops treatment a few weeks before the competition, at the time of the test the drug may be below detectable limits or have been completely excreted.

Dr Robert Dugal, head of the INRS-Santé laboratory in Montreal, discussed the concept from the laboratory's point of view in terms of the "retrospectivity" of the test — the length of time that the laboratory can look back to detect drug use. He stated that there is little scientific data on the subject. Factors such as the type of drug, the dose, the frequency and duration of administration, as well as the athlete's own body characteristics would affect the clearance time for anabolic steroids and for all other drugs. He was nevertheless certain about the best way to detect drugs used in training. In a paper presented in October 1974, Dr Dugal and a colleague wrote:

> These compounds are taken sequentially over periods of several months and the benefits acquired from their use remain long after the athlete has interrupted the treatment, which they usually do before an important event. *It would then seem that the effective control of anabolic steroids would have to be carried out during the training period.*[1] [Emphasis added]

Dr Dugal said that international consensus on testing outside competition has been difficult to build during the fifteen years since he wrote that article. Nonetheless, in his view, competition testing has been partly effective in that it has abolished doping immediately prior to competition and has served as a deterrent to athletes taking steroids. He admitted, however, in the words of Sir Arthur Gold, that "only the careless or ill-advised get caught" when tested at competitions.

In a similar vein, Dr Manfred Donike wrote in a 1975 article:

> [T]he question may be put forward, why the national and international federations concerned do not perform dope controls at regular intervals. One reason is that the federations stick to the demand that controls should be performed at the day of the competition. This demand is not justified because anabolic steroids are not used to increase the performance at the day of the competition — like stimulants —, but they are ingested months before during the building up phase of training . . .

> Therefore the doping control for anabolic steroids must be performed not only at the day of competition but months before at the occasion of less important competitions respectively in training camps. The difficulties which may occur are smaller than the until now tolerated health risks for the athletes.
>
> My opinion is that in future the discussion should not concentrate [on] if there will be a test for anabolic steroids or not, but *when*. Based on pharmacokinetical results and the analytical possibilities a urine sample delivered at the day of the competition will allow a retrospectivity of 3, 8, 14 or 21 days. But this retrospectivity is not sufficient to fight against the misuse of anabolic steroids, as positive effects may persist even after several weeks or months.
>
> A possible solution for international events is to advance the entry date and organize controls in regular intervals. *At a national level each federation having problems with anabolic steroids should be interested in controls before the season.*
>
> *Who seriously wishes to control anabolic steroids in sport cannot avoid administrative measures as described above*. [Translation; emphasis added]

When questioned about his 1975 paper, Dr Donike confirmed that "[t]he scientific facts provoking, or asking, demanding out-of-competition controls . . . are known since the beginning. And now we have reached a stage where it is time to act and not to discuss." Hence it was clear more than fifteen years ago that the worldwide practice of testing at competitions was not the most effective way to detect users of anabolic steroids.

More recently Dr Arne Ljungqvist said at the 1987 International Athletic Foundation (IAF) World Symposium on Doping in Sport:

> It is obvious that the frequency of positive doping cases under the prevailing testing programmes does not accurately reflect the actual use of doping substances, since most doping substances (hormones) are used during training when tests are only rarely conducted.

These statements are even more critical of in-competition testing than may be apparent at first. They refer only to clearance times, but athletes not only wait passively while the drugs clear their bodies, they also actively manipulate their results using banned practices such as urine substitution and drugs such as probenecid. In-competition testing gives the athletes ample warning to allow them to circumvent drug testing by other means than simply allowing for clearance times.

Despite knowing the fallacy of in-competition testing, as they have for many years, the medical commissions of sport organizations such as the IAAF and the IOC have taken no steps to make the fallacy more widely known. By failing to do so they have given the impression that their competitions are fair and that the laboratories cannot be fooled.

Each year the IOC Medical Commission gathers statistics on the substances detected by all of the accredited laboratories. The statistics for the years 1986 through 1989 are summarized in tables 20–1, 20–2, and 20–3.

Tables 20–1 and 20–2 purport to indicate that approximately 2 percent of tested athletes use banned drugs and, of those, between half and two-thirds use anabolic steroids. We know, however, that in-competition testing is ineffective for drugs taken during training and for drugs that can be blocked or masked. Therefore the figures do not show how many athletes use drugs but merely how many happened to be caught. Yet the same statistics have been used misleadingly in various attempts to show that drug abuse affects only a small percentage of athletes. Consider these words:

> Since the reactions to the case of Ben Johnson were very strong and to some extent exaggerated and the case gave rise to many rumours it might be of some value to try to put the pieces together. First of all it can be said that the olympic games [sic] in Seoul

Table 20–1
Samples Analysed by IOC-Accredited Laboratories, 1986–89

		Number of Samples	Number of Negative Samples	Number of Analytically Positive A-Samples	%
Competitions with national competitors	1986	15,533	15,272	261	1.68
	1987	13,381	13,049	332	2.48
	1988	16,925	16,497	428	2.53
	1989	21,522	21,060	462	2.15
Competitions with international competitors	1986	5,227	5,148	79	1.51
	1987	8,159	7,986	173	2.12
	1988	13,706	13,379	327	2.39
	1989	10,076	9,858	218	2.16
Major international championships	1986	4,449	4,338	111	2.49
	1987	9,759	9,530	229	2.35
	1988	4,930	4,790	140	2.84
	1989	6,134	5,990	144	2.35
Samples collected out of competition	1986	6,505	6,368	137	2.11
	1987	5,870	5,800	70	1.19
	1988	10,140	9,919	221	2.18
	1989	14,684	14,302	382	2.60
Checking of competitors prior to major championships	1986	1,268	1,233	35	2.76
	1987	713	663	50	7.01
	1988	1,368	1,331	37	2.70
	1989*				
Totals	1986	32,982	32,359	623	1.89
	1987	37,882	37,028	854	2.25
	1988	47,069	45,916	1,153	2.45
	1989	52,416	51,210	1,206	2.30

Source: Statistics gathered by the IOC Medical Commission

* Figures not available

Table 20–2
Categories of Substances Detected, 1986–89

	1986		1987		1988		1989	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Samples analysed	32,982		37,882		47,069		52,416	
Negative samples	32,359		37,028		45,916		51,210	
Positive A-samples	623	1.89	854	2.25	1,153	2.45	1,206	2.30
Classes of dope agents								
A Stimulants	177	25.76	301	31.92	420	31.00	423	36.30
B Narcotics	23	3.35	55	5.83	58	4.30	72	6.20
C Anabolic steroids	439	63.90	521	55.25	791	58.50	610	52.30
D Beta blockers	31	4.51	33	3.50	8	0.60	6	0.50
E Diuretics	2	0.29	9	1.00	57	4.20	45	3.90
F Sedativa	15	2.18	—	—	—	—	—	—
Masking agents (probenecid)	—		24	2.55	19	1.40	10	.09
Total	687		943		1,353		1,166	

Source: Statistics gathered by the IOC Medical Commission

Table 20–3
Types of Anabolic Steroids Detected, 1986–89

Anabolic Steroid	**1986**	**1987**	**1988**	**1989**
Nandrolone	250	262	304	224
Testosterone	22	83	155	166
Stanozolol	19	37	89	77
Metenolone	28	42	60	22
Metandienone	72	27	54	37
Methyltestosterone	25	20	33	25
Oxandrolone	10	6	22	10
Boldenone	—	17	19	11
Dehydrochlormethyltestosterone	5	7	16	12
Oxymetholone	2	3	12	11
Mesterolone	1	1	11	8
Clostebol	4	9	6	4
Drostanolone	—	1	4	2
Formebolone	—	—	2	—
Fluoxymesterone	—	3	1	—
Methandriol	—	1	1	—
Trenbolone	—	—	1	—
Norethandrolone	1	1	—	—
Quinabolone	—	1	—	—
Oxymesterone	—	—	—	1
Total	439	521	790	610

Source: Statistics gathered by the IOC Medical Commission

> could not be regarded as the "Doping Olympic Games." Close to 1600 athletes were tested and 10 of them came out positive. In Los Angeles 11 cases were positive out of about the same number of tests. In 4 of the positive cases in Seoul diuretic substances were detected, substances that were not on the banned list in Los Angeles. Thus a comparison between the games in Los Angeles and Seoul does not favour the idea that things were worse in Seoul. The problem in Seoul was that one of the doped athletes was named Ben Johnson.

That statement was made by Dr Arne Ljungqvist addressing the IAF World Symposium on Doping in Sport in Monte Carlo in June 1989. He and others know that in-competition testing does not catch all athletes. Yet he uses in-competition testing to measure the extent of doping at Seoul. Evidence from this Inquiry proves that the athletes caught at Seoul were not the only drug users. They were the only detected ones.

The fallacy appears at the national level as well. For example, the Canadian Track and Field Association justified its testing plans before Seoul by pointing out that Mr Johnson was tested many times between 1986 and 1988. This sort of argument ignores the fallacy of in-competition testing and pretends that in-competition testing prevents unfair competition.

In light of this evidence, the following exchange with IOC Vice-President Richard Pound is significant:

> THE WITNESS: Can I just add a footnote, Mr Commissioner, just so that there is no doubt as to what the IOC rule is.
>
> *The IOC rule is that if you do not test positive at the time the sample is taken during the games, there is no basis for disqualification* . . .
>
> THE COMMISSIONER: That's not what the ban is. That's not what the Sports Canada ban is. You're not allowed to use it.

> THE WITNESS: That's right. But Sport Canada is Sport Canada.
>
> THE COMMISSIONER: In other words, let's assume that . . . you fill out your medication form . . . before you go to the doping control room, right?
>
> THE WITNESS: Right.
>
> THE COMMISSIONER: And you say I've been taking all these steroids?
>
> THE WITNESS: Right.
>
> THE COMMISSIONER: And it's . . . there in your own admission. But because you know how to mask it or you've had enough clearance time or you've used diuretics or other procedures, you can safely take the test. We've heard that over and over again.
>
> Now, are you saying that you can still win a gold medal, is that what you're saying?
>
> THE WITNESS: I'm saying that that would not produce a positive test and therefore, we would not, under our rules disqualify [the athlete]. [Emphasis added]

According to Mr Pound, therefore, the IOC relies only on positive tests at competitions, all the while knowing that those tests are ineffective for detecting the types of drugs used during training — in particular, anabolic steroids. This concern for appearance, not substance, has been a continuing theme in the evidence.

Dr Ljungqvist's statement "the problem in Seoul was that one of the doped athletes was named Ben Johnson" similarly directs attention at positive tests rather than at the real problem of doping in sport. The general public has long been led to assume that if only one athlete tested positive, the others were not also using drugs. We now know, as the IOC and the IAAF have known for many years, that this assumption is false and that steps must be taken to remedy the situation.

MONOPOLY OF INTERNATIONAL LABORATORIES

As discussed above, the IOC accredits laboratories throughout the world. By virtue of their association with the Olympic Games and other major sports events, the IOC-accredited laboratories have become the *de facto* standard for laboratories testing athletes. Even organizations with no direct connection to the IOC, such as the National Collegiate Athletic Association (NCAA) in the United States, non-Olympic sports such as bodybuilding, and various professional sports organizations, send urine samples of their athletes to IOC-accredited laboratories. Sport Canada too has a policy of using IOC-accredited laboratories for testing athletes in Canada.

Montreal Laboratory

The first Canadian laboratory to be accredited by the IOC was the INRS-Santé laboratory in Montreal headed by Dr Robert Dugal. Part of the Université du Québec research system, INRS-Santé is one of seven research centres of the Institut national de recherche scientifique in the province of Quebec. INRS-Santé itself has four research programs in health science, one of which, called health and safety in sports, is responsible for drug testing for the Sport Medicine Council of Canada (SMCC) and Sport Canada. The laboratory was accredited for testing during the 1976 Olympic Games in Montreal and remains accredited today. As the head of one of the five original IOC-accredited laboratories, Dr Dugal sits on the IOC subcommission on doping and biochemistry of sport, the subcommission that controls the accreditation process.

Although the Montreal laboratory was the first IOC-accredited laboratory in Canada, it has not always been the only one. The IOC accredited the laboratory at the Foothills

Hospital in Calgary for the 1988 Winter Olympic Games, but the accreditation was suspended in January 1989, as set out more fully below.

In the fall of 1984, the SMCC entered into a four-year contract with INRS-Santé for testing Canadian athletes. This was not the first agreement between the SMCC and the Montreal laboratory. Earlier agreements had provided for tests prior to the 1984 Los Angeles Olympic Games, but the new contract included responsibility not only for testing urine samples but also for research and other aspects beyond routine laboratory analysis. Although the contracting parties were the SMCC and the INRS-Santé laboratory, Sport Canada provided all funding. The contract permitted up to 1200 tests each year, but in no year has the laboratory been required to test that many.

Table 20–4 shows the number of tests in each year of the contract with the corresponding total cost. According to Dr Andrew Pipe, the SMCC could not ensure that all 1200 allotted tests were used in each year because it cannot compel the national sport organizations to test athletes. Rather, the organizations submit plans that are reviewed by Sport Canada. Dr Pipe said the SMCC merely provides advice and ensures that the capacity to test is available. The actual negotiations for the number of tests are between Sport Canada and the sport organizations. According to Dr Norman Gledhill, an exercise physiologist and former president of the SMCC, the initial contract specified 1000 tests annually, although it was agreed that there would be no additional charge if up to 1200 tests were requested. The contract was negotiated on the basis that each individual test was of minimal incremental cost compared with the basic equipment and research costs.

Table 20–4
Testing of Canadian Athletes by INRS-Santé

	Number of Tests	Cost
1985–86	900	$343,470
1986–87	850	450,000
1987–88	800	448,000
1988–89	1,163	456,000

Dr Dugal explained how the incremental costs of testing are related to laboratory capacity. Referring to his own laboratory and to the formerly IOC-accredited laboratory in Calgary, he said that

> as the number of samples go up or the number of analyses go up, the cost is brought down.
>
> And very briefly . . . if the number of tests were to be increased to say 4,000 per year it would be much cheaper to have those processed in the same lab rather than to divide them equally between the two labs, because maintenance of an infrastructure, of a basic infrastructure, maintenance of the . . . qualifications of personnel and so forth are extremely costly. And there is a breakeven point above which testing is significantly cheaper.

He did not specify what the breakeven point would be. The figures given in table 20–4 show that the average cost of a urine test during the term of the agreement has been over $400. Dr Dugal, however, said it was not proper to divide the total contract amount by the number of tests to establish a cost for each urine sample tested. Instead he compared the money received from Sport Canada to a research grant that covers direct costs only:

> When I devised the budget first in 1983 or early '84, my budget was established on both the testing activities and the research programs that I felt had to go for the testing itself to maintain it competent.

> So, a budget was established by ventilating, if you wish, each budgetary post in salaries of personnel, supplies that were necessary to conduct both the testing and the research, equipment replacement because these — this type of equipment ages rapidly when it is used day in and day out. And, of course, the research activities which I felt at the time again were necessary to provide Canada with a competent doping control program. In other words, to generate technology instead of importing it. And that budget then was established on that basis. Again I insist including research activities and other types of services. And I have calculated —
>
> THE COMMISSIONER: Does that include the cost of any replacement of your equipment or is that —
>
> THE WITNESS: Yes, it does, sir. There was a budget allocated of approximately 60 or $70,000.00 a year for purposes of equipment replacement.
>
> I might add to this that my own institution has contributed in a very significant way to this program. The total cost of running this per year is in excess of $400,000.00.
>
> For example, my own salary is not budgeted in this particular sum or amount, nor is that of my senior faculty members, nor is the extensive travel I have to do when I am acting as scientific advisor to the Canadian Ministry of Fitness and Sport.

The contract with the SMCC is not the largest for the Montreal laboratory. The NCAA does approximately 4500 tests each year and uses the IOC-accredited laboratories in Los Angeles, Indianapolis, and Montreal, each for approximately a third of the total. Dr Dugal said his laboratory analyses 1500 to 1700 tests annually for the NCAA. Apart from SMCC and NCAA tests, the laboratory does a small amount of work, approximately 100 to 150 samples per year, for powerlifting and bodybuilding associations.

The Montreal laboratory charges the NCAA U.S.$185 for each sample tested. In addition, the laboratory received U.S.$500,000 to purchase equipment at the beginning of the NCAA contract in the fall of 1986.

I must say that I was puzzled by Dr Dugal's explanation of the cost of testing. I would have thought that a unit cost for a test for the SMCC could be calculated, as it has been for the NCAA, despite the complexities of the laboratory's relationship with the university, the staffing arrangements, and so on. Although Dr Dugal expressed the view that it is not reasonable to compare the approximately C$400 cost of each test in Canada with the approximately U.S.$185 cost to the NCAA, the price charged to the NCAA was comparable with estimates from other countries such as the estimated cost in England of £120 and the Australian cost of approximately AUS$230. Similarly the IAAF, in its submission to this Inquiry, estimated the cost of a single drug test to be approximately U.S.$150.

Calgary Laboratory

As noted earlier, the laboratory at the Foothills Hospital in Calgary was accredited for testing at the 1988 Winter Olympic Games. In January 1989 the IOC subcommission on doping and biochemistry of sport removed the full accreditation from the Calgary laboratory, ordered it to restrict testing during the next four months to competitions within Canada, and demanded that any samples with a positive A-sample result be sent to a fully accredited IOC laboratory for the B-sample confirmation. Dr Dugal recalled excusing himself from the deliberations that resulted in the suspension of the Calgary laboratory. He was less certain about whether he had been involved in the suspension of other laboratories that might compete with his own, such as the IOC-accredited laboratory in Indianapolis. As a consequence of the Calgary suspension, and given its policy of using only IOC-accredited facilities, Sport Canada renewed its contract with the Montreal laboratory, leaving the Calgary laboratory out of any testing programs for Canadian athletes.

The IOC subcommission on doping and biochemistry of sport cited a number of technical reasons for its decision to restrict the Calgary laboratory's activities. Lengthy correspondence was exchanged during every month of 1989 as the laboratory responded to the criticism and the IOC subcommission made further demands. At one point, Dr Donike as secretary of the subcommission threatened the Calgary laboratory for not complying with the restrictions imposed by the subcommission. He wrote to the laboratory on October 21, 1989:

> There are press reports that the Calgary laboratory analysed samples for the American Football League. Analysing such samples has been performed in spite of the fact that the secretary of the sub-commission gave you twice, verbally and by letter, the sub-commission's interpretation of the term "national samples": samples originating in Canada.

Robert D. Baynton responded on behalf of the Calgary laboratory in a letter dated November 3, 1989:

> In regards to the "national" issue. Yes, I recall our telephone discussion and your letter clarifying your (and presumably the subcommission's) understanding of what was meant by "national" testing. But if you would kindly refer to my letter of 1989 July 14 (copy enclosed) which initiated the discussion, I stated my interpretation of our Phase 1 restrictions — no *amateur* International competitions and International out of season testing. Also, presumptive positives from *Amateur* National competitions and out of season testing would have to be confirmed by a fully accredited laboratory. Your return letter of 1989 July 18 states "The interpretation regarding your status is correct" (copy

enclosed). Well, now it appears that it isn't and that professional sports are included. Is this another change in the "rules" to suit the circumstances?

You must appreciate the need for our laboratory to maintain expertise and funding while in phase I of accreditation. This is very difficult due to the nature of the Canadian national testing program. We can not survive without income derived from sample analyses in that the hospital can not subsidize the laboratory indefinitely.

In conclusion, this last reaccreditation attempt by our laboratory confirms suspicions that we have had for quite some time — there is no intention by you to reaccredite [sic] this laboratory. If every I.O.C. laboratory was subjected to the same scrutiny and treated as unfairly as us, chances are the number of I.O.C. labs would only number five (5) — exactly the number of members of the subcommission who are heads of I.O.C. laboratories. We know of few other systems where vested interests control and adjudicate so directly.

It is apparent that the subcommission wishes to have only one I.O.C. accredited laboratory per Country. Right or wrong, this should have been addressed before the Calgary Olympics. Our laboratory, its personnel, our Institution and its community have been put through a great deal of anguish and financial stress, attempting to achieve what may be impossible. It is paradoxical that one of the purposes of doping control is to make competitions fair (fairplay) and to keep the competition field "level." The subcommission seems to have lost sight of this in their own dealings.

When I started working with the local organizing committee in 1984, I had high ideals and expectations of the Olympic movement. Like countless numbers of Calgarians, I spent hundreds of hours volunteering my free time to the XV Olympic Winter Games. My employer, the Foothills Hospital, allowed me almost unlimited time (at their expense) to work with OCO '88. We were not only preparing to make our Games the best ever but to provide a legacy for our City and ultimately our Country. With little thanks to the subcommission, our legacy appears to be fading.

Without an impartial avenue of appeal, the Calgary laboratory could only dispute the IOC interpretation of its rules, and in particular the restrictions on testing in professional sport, by appealing to the very person who made the claim, Dr Donike — with obvious results. Further correspondence ensued, including a December 11, 1989, letter from Dr Donike to Dr Baynton in which he suggested the following agenda for meetings to resolve the dispute:

> For example the agenda might include:
>
> 1. Developmental history of the Canadian IOC laboratory
> 2. Relationships between and commitments of various parties e.g. the Canadian Olympic Association and Sport Canada
> 3. Business aspects of a successful IOC accredited laboratory
> 4. Technical expertise of the Calgary staff: now and in the future
> 5. Steps to provide lasting resolutions to existing or perceived problems
> 6. Possible assistance of the IOC Medical Commission.

This agenda further illustrates the extent of the IOC monopoly as Dr Donike sought to influence the relationships between the Calgary laboratory and other parties within Canada, including the COA and Sport Canada.

Dr Donike's agenda was never pursued. On December 20, 1989, the president of Foothills Hospital, Mr R. Coombs, wrote to Dr Donike:

> We appreciate the consideration that the Subcommission on Doping and Biochemistry of Sport has given to this issue . . .
>
> In view of the importance our institution has placed on the Calgary Olympic Doping Control Centre, senior members of our administration have reviewed all of the difficulties that have been encountered with initially obtaining, and subsequently maintaining accreditation for this laboratory. Our staff has made

> every effort to correct specified deficiencies to meet printed standards, and to seek reconciliation of differences. Paragraph three of your letter dated December 11 completely fails to take into account written discrepancies of fact or interpretation, which Dr Baynton outlined to you in his letter dated November 3.
>
> You are intimately familiar with the staff and capabilities of our laboratory. In addition, we have recently had the laboratory reassessed by an internationally respected pharmacokineticist, who has expertise in analysis using HPLC, GLC, and Mass Spectroscopy. After several days of detailed evaluation of our methods, procedures, and staff, he advised us that this was a first class laboratory with excellent professional staff. Consequently, we see little merit in a repeat visit from members of the Subcommission and we have advised our staff not to enroll in the January reaccreditation procedure.
>
> After careful study, and widespread consultation with knowledgeable experts regarding the structure and behaviour of the Subcommission, it is our intention to recommend to our Board of Management that we close the Calgary Olympic Doping Control Centre as a facility for drug testing in competitive sports. You will be familiar with some of the evidence documented in the transcripts of the Dubin Commission. Similar concerns are widely held elsewhere.
>
> *The structure of the Subcommission, which permits your members to be the professionals who act as consultants, then accreditors, subsequently adjudicators, and also the appeal group, while maintaining a monopoly commercial interest, defies common standards of public accountability. We expect that the Subcommission will eventually be persuaded to restructure and function in a more forthright and open manner. In the meantime, we are unable to commit sufficient finances to continue our program.*
>
> We regret this disappointing ending to our relationship with the I.O.C. Medical Commission. [Emphasis added]

Because members of the IOC subcommission who grant and revoke accreditation are also heads of IOC laboratories, they can affect the fate of laboratories in competition with their own. It is clear, for example, that the monopoly the

INRS-Santé laboratory holds at present by virtue of its status as the only Canadian IOC-accredited laboratory has not made drug testing less expensive for Canadian taxpayers.

Mr Pound was asked whether the IOC executive committee has addressed this conflict of interest. He testified:

> Yes, it has. We've been following with some interest, as I'm sure you can imagine, the proceedings before this Commission, and when that evidence was led it became a cause of concern. I communicated the . . . general nature of the evidence that you've outlined today, Mr. Armstrong, to our executive board in Puerto Rico. As a result of that, we have urged the Medical Commission as a whole to look at the issue of possible conflict and to consider giving — to give serious consideration to appointing sort of an oversight group that . . . would be responsible for the accreditation of laboratories, so that you don't have the operators having a vested interest in who may or may not be accredited, make the accreditation decisions.
>
> And I think that that is an area that is worth looking into, as is . . . the economics of the testing process.
>
> We were certainly concerned to learn of the differential in pricing that applies here in Canada; that's an issue that I've brought to the attention of the Medical Commission a couple of times in the past, saying, Listen, when you accredit a laboratory, it does to some degree create a kind of a monopoly, and you've got to make sure within your Commission that people in a position that is essentially monopolistic don't take undue advantage of it. Because what we're trying to do is to solve a doping problem, not to, not to support laboratories.
>
> So that is now before the Medical Commission as a whole with the very strong recommendation from the executive board that they look at that issue and report back to us.

To date, no change has been made in the composition of the IOC accrediting body. Later in this report, I will return to the issue of drug-testing laboratories and make specific comments with respect to Canadian laboratories.

21

Doping Control Initiatives before 1988

As outlined earlier in this report, the serious nature of the problem of doping in sport began to be widely recognized in the early 1960s. Since that time, governments and some sport bodies have attempted to eliminate or curtail doping in sport through agreements and initiatives, as well as regulations. In spite of these efforts, the doping problem in sport not only has continued but has become more pervasive. That the various measures undertaken have been ineffectual is now well recognized. In order that future measures may avoid the shortcomings that allowed athletes to circumvent the doping rules, it is necessary to examine the earlier attempts.

CANADA'S INTERNATIONAL INITIATIVES

The Canadian government has taken a prominent position on the issue of the use of banned substances and practices in sport, and since 1985 it has been involved in a series of international initiatives not only as a participant but also, in some cases, as the prime mover. Through the minister of fitness and amateur sport, Canada has made known to the world its opposition to what it considers the insidious corruption of the sporting ideal.

In 1985 Canada requested and was granted observer status to attend the Council of Europe's Committee for the Development of Sport/Experts Committee on Anti-Doping in Sport, becoming the first nonmember nation to receive permanent-observer status. The Council of Europe, a parliament of twenty-one Western European nations, was founded in 1949, with a permanent residence in Strasbourg, France. There are eight program portfolios, one of which is sport. The council was in 1985 the leading multigovernmental forum addressing doping.

In 1986 the Honourable Otto Jelinek, minister of fitness and amateur sport, addressed the Council of Europe Sports Ministers Conference in Dublin. Canada tabled a series of proposals recommending a worldwide antidoping charter among governments, to be based in part on an expanded European antidoping charter. The objective was uniformity, with world leadership to come from the International Olympic Committee, among other bodies. These proposals were endorsed by the European sports ministers, and planning was initiated to advance the concept. A charter group was struck, made up of representatives from Canada, the Council of Europe, the IOC, and the United States Olympic Committee, and it immediately determined that the international antidoping charter should be a joint project of governments and the sport community.

During the 1988 Calgary Winter Olympics, Mr Jelinek called a meeting with fellow sports ministers from a number of other countries. Collectively, these ministers explored and then proposed the idea of a world conference on antidoping at the policy level. This idea was then proposed by Canada to the chairman of the IOC Medical Commission and the president of the IOC, both of whom supported it.

A subsequent meeting in Calgary included representation from key socialist and Western European nations, as well as from the United States. It was decided then that Canada would host and co-chair with the IOC the First Permanent World Conference on Antidoping in Sport, to be held in Ottawa in June 1988. Initial objectives and terms of reference were determined.

Representatives from Fitness and Amateur Sport conducted a three-nation tour in April 1988 to seek support for and advice related to the upcoming conference's objectives and design. They met in Paris with Prince Alexandre de Mérode (vice-president of the IOC) and George Walker (secretary-general, Council of Europe, Sport Division); in East Berlin with the GDR Sports Committee; and in Cologne with the Doping Committee of the European Sports Conference.

When the First Permanent World Conference on Antidoping in Sport was convened in Ottawa, participants included sport leaders from twenty-eight countries representing the various national sport councils and federations from each of the five geographic zones; international sport organizations; and special groups such as the Council of Europe, the European Sports Conference, and the Supreme Council of Sport in Africa. As well, senior government officials from these countries attended the conference to ensure a coordinated sport and government solution to the problem of doping in sport.

A proposed international antidoping charter was reviewed and endorsed as a model by the delegates attending the conference. An international working group was established following the conference to advance both a strategy and a plan for promoting an international antidoping campaign and, specifically, for advancing the international antidoping charter. The secretariat of that working group, of which Canada is co-chair, is located in Canada.

The conference in its final declaration condemned the administration and use of prohibited classes of drugs and banned methods and called for worldwide action to combat the problem of doping in sport. The conference called on the chairman of the IOC Medical Commission (Prince de Mérode) and Canada, as co-chairs, to present formally the final documents and recommendations to the president of the IOC for the upcoming IOC session in Seoul and to invite the IOC to adopt the charter.

The IOC did in fact adopt the charter — and it included the "Model for a National Antidoping Programme" as an annex to it — at its ninety-sixth session in Seoul. Canada's timely initiative in convening the conference was commended by the delegates.

COUNCIL OF EUROPE

The Committee of Ministers of the Council of Europe, in response to growing public concern over the abuse of drugs in sport, in 1967 adopted a resolution on the subject of doping in sport. It was the first international text of its kind on the topic, and later that year the International Olympic Committee instituted its first doping controls. The 1967 resolution defined doping in a sufficiently broad manner to include practices that were unknown at the time (for example, blood doping). The resolution explicitly referred to doping as cheating, and it called on governments to persuade sport-governing bodies to institute controls and penalize offenders. It stressed the moral and ethical principles at stake, and the risk to the health of athletes.

It called upon governments to take action themselves if the sport-governing bodies did not do so within three years. Several governments soon passed antidoping legislation (Belgium and France had already passed legislation in 1965), and national sport bodies began to take action in the 1970s.

In 1983 the European Anti-Doping Charter for Sport was drawn up by the Council of Europe's Committee for the Development of Sport. It was adopted by the Committee of Ministers in 1984, in the hope that the charter, although not a legally binding convention, would have "moral, political and practical impact."[1]

The following year the General Association of International Sports Federations, the International Olympic Committee, and the Association of European National Olympic Committees all adopted resolutions in support of the charter.

The fifth conference of European Ministers Responsible for Sport (Dublin, 1986) endorsed Canada's proposals for strengthening the charter and widening its acceptance. Those proposals included the need for out-of-competition testing and the establishment of multilateral and bilateral antidoping programs between countries. Subsequently, the committee of ministers extended the principles of the charter by adopting a recommendation on the institution of no-notice, out-of-competition doping controls.

In furtherance of its work against doping in sport, the Council of Europe monitors and reports on the development of antidoping legislation in European countries. In addition, information was presented to the World Symposium on Doping in Sport (Florence, 1987), which was organized by the International Athletic Foundation (IAF) and the Italian Track and Field Federation, about the state of doping controls in Europe. Some evidence was also heard by this Inquiry on the same subject.

SURVEY OF WESTERN EUROPEAN NATIONS

Before 1988, notwithstanding the European Anti-Doping Charter for Sport, there appears to have been little uniformity of approach to the problem, as evidenced by the following overview of the manner in which several European countries dealt with doping in sport. The following survey is based in part on information gathered by the Council of Europe and presented in February 1989 to the Committee for the Development of Sport.

Austria

The Austrian Ministry of Culture and Sports, in conjunction with the Austrian Sports Federation, has prepared guidelines for the fight against drug abuse in sport. Regulations deal with the selection and implementation of testing procedures as well as with sanctions against offenders. Tests without prior warning have been carried out since 1986 and out-of-competition testing has been conducted since 1987.

Belgium

A law passed in 1965 in Belgium bans doping in sport. The law applies to the athletes themselves, as well as to anyone who might abet the use of forbidden substances or practices. Tests are carried out at the initiative of the legal authorities or officials appointed by the health minister, and they may be conducted before, during, or after the sporting event. The law provides for penal sanctions — fines or prison sentences. An antidoping committee, answerable to the health minister, provides advice on problems related to drug abuse, the list of prohibited substances, the sampling procedure, and the validity of laboratories.

Cyprus

Cyprus's first drug-testing of athletes was carried out at an annual sporting event in 1985, at the request of the IAAF. The tests were conducted by the Cyprus Amateur Athletics Federation in cooperation with an IAAF expert. The Cyprus Sports Organization, in cooperation with the health ministry, is setting up a test centre that will systematically be able to detect drug abuse in all sports.

France

The Ministry of Youth and Sports, which is the body responsible for sport in France, in 1967 asked the country's sport federations to include antidoping rules in their general regulations. In May 1977 a decree was passed stipulating that federations should carry out regular antidoping controls. The ministry provided financial support, access to toxicology laboratories, and the cooperation of a group of specialized doctors. At the time of the IAF's 1987 world symposium a new decree was to be passed enabling the ministry to carry out its own controls if a sport federation refused to comply with the ministry's directive. The decree allowed the ministry to cut subsidies if a federation failed to implement effective doping controls and stipulated that antidoping controls were to be carried out during training sessions. (This decree became law in June 1989, and in fact provided for random out-of-competition testing. Control of the program rests with an independent national committee composed of government officials, sports representatives — including athletes, and local legal and scientific personnel.)

Greece

In 1975 Greece passed a law against doping in sport, which was later repealed and substituted, in 1986, by a new law that provides for a system of penalties that can be applied to athletes as well as to sport workers, doctors, and coaching staff involved in the use of drugs in sport.

Italy

The Italian sport system is essentially a club-based organization, although a number of high-level training centres also exist. In 1975 Italy's Ministry of Public Health issued a decree on drug abuse, which includes the use of performance-enhancing substances by athletes. Italy began testing for doping in 1983 and, according to a report at the IAF's 1987 world symposium, has steadily increased the number of tests carried out each year since. Testing is conducted by the Italian Medical Sports Federation. Italy has two laboratories used by the Medical Sports Federation: one in Florence and the other, which is IOC-accredited, in Rome.

Portugal

In 1979 and 1980 Portugal passed various decrees that obliged all athletes or sport practitioners participating in official events to submit to drug tests. These decrees included a list of the penalties that may be applied to offenders. New legislation is being prepared in an effort to update existing terms by including provisions for controlling the prescribing of performance-enhancing drugs; for conducting out-of-competition testing; for requiring sport organizations to have effective doping regulations; for penalizing teams for offences committed by team members; for penalizing accomplices to an offence; and for providing the ministry itself with authority to initiate antidoping tests.

Spain

Spain's Higher Sports Council forms a part of the Ministry of Culture. In recent years, measures taken by the council to control the use of drugs in sports have included out-of-competition testing (1988); an antidrug campaign; and antidoping testing for football (1987). The Higher Sports Council subsidizes top-level athletes and includes among the conditions of acceptance an agreement by the athlete to submit to drug testing without prior warning. (A new antidoping law has been drafted for presentation to Spain's parliament after sports federations, training centres, political parties, and regional and local authorities have been consulted.)

West Germany

The West German government, through the Federal Institute of Sport, is responsible for top-level sport. Doping control activities have been carried out since 1974, and an education and information program has been in place since that time.

Since 1983-84, all sports have been requested to conduct "off-season" testing. At the time of the IAF's 1987 world symposium, however, the German Swimming Federation was the only organization complying.

The number of doping tests carried out in West Germany has ranged from a low of 465 in 1977 to a high of 2165 in 1986. The percentage testing positive for banned substances has ranged from 0.65 percent in 1977 to 3.65 percent in 1986.

EASTERN BLOC

East Germany

Testing in East Germany is carried out by the Doping Control Commission of the Sports Medical Service of the GDR. "Off-season" testing has been conducted since 1977, and 3429 tests were carried out in 1986. (No information was available on the percentage testing positive.) In 1987 and 1988, 1091 tests were carried out, of which 917 were in track and field alone. In 1988, 23 percent of the 1400 tests carried out in training were positive, with most of the infractions occurring in weightlifting.

Strict controls exist on the sale of drugs, and all substances on the IAAF list of banned substances have to be prescribed and then obtained from licensed pharmacies. Each county has a doping control commissioner who, "on short-term request" by the commission, conducts the testing.

Soviet Union

Sport in the USSR, which is completely government-funded, is the responsibility of the Soviet State Committee for Physical Culture and Sports. The USSR established a doping control program in 1970. In 1986, 5000 tests were carried out, 17 percent of which were of track and field athletes. The number of tests taken in track and field has gradually increased since 1982, and to date 3000 track and field athletes have been tested (60 percent of the tests were during competition and 40 percent were during training). The results were 1.6 percent positive — 75 percent of these for anabolic steroids and 25 percent for stimulants or diuretics.

Recent reports coming out of the Eastern European countries tend to substantiate rumours that the purpose of the doping controls was simply to establish clearance times and ensure that athletes would not test positive in competitions abroad. However, in 1987 and again in 1988 the Socialist ministers of sport released a significant statement — referred to as the Socialist Ministers of Sport Appeal — calling for an aggressive and coordinated international antidoping campaign. Time will tell whether this initiative represents a new attitude towards doping in sport and will result in effective methods of deterrence.

THE NORDIC CONFEDERATION

The earliest and most concerted effort by national sport bodies to attack the problem of doping in sport was that of the Nordic sport federations, composed of Finland, Norway, Sweden, Denmark, and Iceland. The Nordic Antidoping Convention, adopted in 1985, is a set of rules, penalties, and procedures by which all Nordic sport federations abide with respect to antidoping measures in sport. Athletes are subject to being tested by any member country's sport organization. The essential elements of the convention are that:

> A. [The] use of listed doping agents or forms of doping in connection with competitions or training is forbidden. This applies to all [substances and practices] on the IOC's list . . . and that of the international sports federations. Incitement to use or complicity is likewise forbidden.
>
> B. Doping controls can be carried out on any athlete who is a member of an organization or who participates in competitions held by sports organizations which are associated with the national sports organization in question . . . The controls can be carried out at any time of the year, wherever the athlete is, both during training sessions and in competitive situations . . .

> The controls can take place without prior warning . . . Anybody who resigns from a national sport organization is still obliged to submit to doping controls up to 1 month after resignation. Checks on national athletes who are living and competing or training abroad can also be carried out.
>
> C. Doping controls must be carried out in conformity with . . . the rules applying under the IOC and the international sports federations. The individual national sports organization lays down detailed guidelines for carrying out doping-controls.
>
> D. Failure to appear for control when required is regarded in the same way as a positive test.
>
> E. [The penalty for a first offence is suspension of] at least 18 months.
>
> F. [There is a range of penalties for anyone contributing to] an athlete using doping agents or failing to report for . . . doping control.
>
> G. [The] reporting and judging bodies shall be distinct, the individual must have the opportunity of making a statement . . . there must be an opportunity to appeal the case to a higher authority . . . as a temporary measure, the authority dealing with the case can suspend the athlete concerned.[2]

Although all the signatory countries to the convention abide by its terms, Norway, Sweden, and Denmark appear to have the most comprehensive antidoping programs. The sport-governing bodies of these countries are especially concerned with education and information and have produced information packets, videos, and seminar material for athletes and the general public.

Norway

Out-of-competition controls have been conducted in Norway since 1977, and by 1988 nearly 75 percent of all controls were conducted out of competition. The Nordic system "follows" the athletes wherever they stay, year-round. As noted, the Nordic Antidoping Convention includes an agreement which stipulates that any Nordic athlete may be tested at any time, wherever he or she may be in the Nordic countries. The Norwegians believe that a similar provision should be included in mutual agreements on bilateral and multilateral levels so that athletes from one country training or competing in the territory of another may be tested by the authorized doping control team of the host country and according to the host country's procedures.

Sweden

The Swedish Sports Confederation, the country's sport-governing body, is funded totally by the Swedish government. The Doping Commission is a body within the Swedish Sports Confederation. Members of the confederation are elected by sport federations and local sport organizers; there is no sport ministry as such. In 1977 a doping subcommission was formed and became involved in education, literature, and research related to the doping issue. Out-of-competition testing was initiated in 1981. The program began with a few hundred tests, and in 1988 approximately 2000 tests were carried out: 85 percent out of competition and the balance at national events.

The dope-testing team arrives unannounced at training sites on campus or at an individual's particular location. (The testing team has also travelled to both the United States and Great Britain.) According to Dr Arne Ljungqvist, board member of the Swedish Sports Confederation, the majority of tests are collected "in a total surprise situation all of a sudden at the training site." But athletes may also be notified by registered mail to present themselves for testing at a designated time and place, a procedure generally practised when the commission is otherwise unable to find an athlete.

Dr Ljungqvist stated in his evidence before this Inquiry that he feels 2000 tests a year, 85 percent of which are out of competition, is not enough. For a population of 8.5 million, and to have a program extensive enough to make the athletes feel they run a real risk of being tested, 15,000 tests or more a year would be more appropriate. Dr Ljungqvist estimated that the total (i.e., worldwide-accredited) laboratory capacity today is approximately 50,000 tests per year.

Under the Swedish Random Doping Test Program, the actual collection is made by local people in a local area. (There are more than forty such areas.) The vital element is surprise. Dr Ljungqvist is on record as stating that:

> [T]he problem of doping can never be solved without unannounced out-of-competition controls, such as those forming part of the Swedish anti-doping programme.[3]

As well, the Swedish program concentrates heavily on providing information to athletes, coaches, and sport administrators and on educating the young.

The Swedish Sports Confederation adopts the definition of doping given in the IOC list and bans any other substance or method prohibited in the rules of an international federation. Only athletes who agree to be tested at any time of the year will be considered for selection to national and international teams and competitions. Failing to appear for doping control is equivalent to obtaining a positive result. For a first offence, the penalty for a breach of doping regulations is a ban from competition for a minimum of two years. Stricter penalties are imposed for a repeated offence. Anyone contributing to an athlete's using doping agents is barred from participating in competitions and from any position in an affiliated sport organization. Here, too, stricter penalties are imposed for repeated offences.

Denmark

Denmark has no specific legislation on drug abuse in sport. Control over the use of doping substances falls under the general medical legislation governing the production, import, sale, and prescription of medicines. Drug tests and sanctions against athletes and their coaching staff are carried out by the Danish Sports Federation on the basis of strict federation rules and according to regulations included in the Nordic Antidoping Convention.

It is significant that, prior to 1988, the Nordic Convention, the only program which posed any real deterrent to the use of banned substances and actively conducted random out-of-competition testing, was not government-affiliated but belonged to a body made up of sport federations.

EUROPEAN SPORTS CONFERENCE

The European Sports Conference, founded in 1973, is composed of representatives of national sport organizations from thirty-five Eastern and Western European countries. The conference meets every second year. An antidoping working group, with Great Britain as leader, was established in 1985 at the seventh conference, in Cardiff, Wales. Its mandate was to study ways of promoting and implementing effective antidoping measures in member countries. In its appeal to members, the working group stated that "Doping is a breach of the rules of fair play and of all other ethical principles in sport."[4] The working group tabled its final report at the 1988 conference in Borlänge, Sweden. According to Lyle Makosky, Fitness and Amateur Sport's assistant deputy minister, one of the documents produced by the group was to form part of the International Olympic Charter against Doping in Sport.

UNITED KINGDOM

Sports Council

The serious nature of the problem of doping in sport has been recognized in the United Kingdom since at least 1978, after which time a succession of increasingly stringent measures has been taken to control the problem.

The governing body for sport in the United Kingdom is the Sports Council, an independent body established in 1972 by royal charter. The council, whose mandate covers British sport as a whole, is mainly concerned with English matters since there are separate councils for Scotland, Wales, and Northern Ireland. The Sports Council is made up of members, all of whom are appointed by the secretary of state for the environment, and approximately 600 permanent employees. The council receives a government grant — £37.15 million in 1977–78, £39 million in 1988–89 — and also raises money from nongovernmental sources. (For example, it seeks sponsors for individual programs and undertakes commercial activities such as publishing and endorsements; income from such other sources in 1987–88 was £6.5 million.) The ten regional councils for sport and recreation in England are independent bodies that bring together local authorities, voluntary organizations, and regional branches of governing bodies.

The Drug Abuse Advisory Group was established in 1980 as a subcommittee of the Sports Council. Its terms of reference are:

> a. To advise the Sports Councils on activities in the field of drug abuse in sport both in the United Kingdom and internationally.
>
> b. To advise the Sports Councils on policy and such action as, in the Group's opinion, may be necessary, with regard to the control of drug abuse in the United Kingdom.

> c. To advise the Sports Council on its financial investment in the operation of the Drug Control and Teaching Centre and in the commissioning of new research into methods of detection of drug abuse in sport.
>
> d. To consider and report to the Sports Councils on proposals from international organisations, in particular the Council of Europe and its constituents, and to advise on action necessary in the control of drug abuse in sport both nationally and internationally.
>
> e. To make proposals to assist the eradication of drug abuse in sport.[5]

The control of performance-enhancing substances in the United Kingdom is covered under the *Medicines Act* of 1968, for which the Department of Health and Social Security is responsible. Specific licences are required to manufacture, market, or import a medicine. Under the Act, anabolic steroids, beta blockers, and probenecid, among other medicines, are legally obtainable by the public only from a pharmacy on prescription. Thus, to deal in anabolic steroids without a licence and to obtain them without a prescription are offences against the Act, subject to criminal proceedings. Unlicensed trading, for example, would on summary conviction attract a fine not exceeding £2000, or imprisonment. On conviction on indictment, higher penalties, including imprisonment, could be imposed.

In 1985 the Sports Council increased its efforts to curb drug abuse in sport. Guidelines and regulations on doping procedures were set up and circulated by the Sports Council's Drug Abuse Advisory Group. The council adopted the IOC list of prohibited substances and, in addition, carried out tests on the use of heroin, cocaine, and other drugs. Since 1985 the Sports Council has been allocated credits for the financing of antidoping analysis by the sports federations. To offset the concerns expressed by certain sports federations, laboratory expenses are paid for entirely by the Sports Council. The Sports Council also operates mobile antidoping centres, and ninety-six sports associations, representing thirty sports, have agreed to participate in this program. The mobile antidoping laboratories conduct unannounced tests during both sports events and training sessions.

Since April 1988 the Sports Council itself, rather than the sport federations, has operated the doping control program. Prior to that time the federations had to submit doping control programs to the Sports Council, and failure would have resulted in funding cuts. (The Sports Council did, however, offer the services of an independent sampling team for federations that did not have the means to organize their own doping controls and also helped fund the legal costs of producing antidoping regulations.) The conclusion was ultimately reached that for such a program to be truly effective, control would have to lie with a body outside the sports federations.

Drug Control and Teaching Centre

The Drug Control and Teaching Centre, which is funded by the Sports Council, was established in 1978. Located at King's College in London, it has the capacity to analyse annually 4000 urine tests of international and national competitors. Professional sport organizations are able to use the testing facilities at King's College but are charged the full cost of the service, as are non–United Kingdom sport organizations. The King's College centre is accredited by the IOC for drug testing.

SUMMARY

It should be obvious from the foregoing that if agreements, conventions, conferences, and policy statements were effective in themselves, the doping problem would long since have been eliminated. However, prior to 1988 there was a failure to implement and enforce antidoping measures in many sport-governing bodies, and the incidence of doping by athletes actually increased. With the exception of the Nordic confederation, no group prior to 1988 had actually implemented in a meaningful way what was recognized as the one effective deterrent: a program of random, unannounced out-of-competition testing. Although the British Sports Council made valiant efforts to encourage sports federations to implement such a program, it finally was forced to conclude in April 1988 that the only viable solution was to assume responsibility itself.

22

Doping Control Initiatives since 1988

In my opening statement at the public hearings of this Commission, I stated that I would be inquiring into the efforts being made in Canada to eliminate the use of performance-enhancing drugs and other banned practices in sport and also into the efforts other jurisdictions are making to accomplish that end.

The evidence before the Commission established the extensive use of performance-enhancing drugs and other banned practices both in Canada and in international competition. In order to determine whether there will be a level playing field for Canadian athletes who compete among themselves and in international competition in the future, it is necessary to examine what steps have been taken since the commencement of this Inquiry to eliminate doping in Canada and internationally.

Prior to the public hearings of this Inquiry, the only action taken to eliminate doping in international competition was, with few exceptions, in-competition testing. Since positive tests during competition were relatively few, the public was led to believe that doping was not extensive in international competition and that those who broke the rules would be detected. This justification was also used as an excuse by many national and international sport organizations for their failure to take more vigorous action. The evidence before the Inquiry demonstrated that, because anabolic steroids and related drugs are used during training, in-competition testing was an ineffective means of detecting their use or of determining the extent of such use among athletes. Although this was well known by the officials of the major sport organizations and by coaches and athletes, it was not a matter of public knowledge. Every witness who testified on this issue before the Inquiry recognized that something more than in-competition testing was necessary for there to be effective detection and deterrence.

As the public hearings progressed, many international conferences were held on doping control, and Canada played a leading role in some of them. Notwithstanding pious statements supporting a broad random testing policy which emanated from these conferences, there was little real action. Indeed, for a time it appeared that the major international sport federations were content to carry on as they had in the past. In recent months, however, considerable national and international activity has resulted in definitive proposals which, if pursued, give some basis for encouragement.

Canada has taken a leading role since June 1988 in promoting international cooperation to eliminate doping in sport. If Canada is to insist on action at the international level, however, it is necessary first to ensure that effective steps to eliminate doping have been taken in Canada.

CANADIAN INITIATIVES

Canadian Track and Field Association

In 1982 the CTFA adopted a policy for random out-of-competition testing and doping control. However, the procedures for carrying out the policy were not approved by the CTFA board of directors until December 1987, and nothing was done until November 1988 to implement the policy. The administrative budget for the program was set at $24,340, and later lowered to $15,160. It had been anticipated that some fifty-four tests would be carried out between April 1988 and March 1989, but only forty-three out-of-competition tests were done, not before the Seoul Olympics but after, between November 1988 and June 1989.

In 1988 the CTFA projected a cost of $39,200 to implement its new doping control program. Sport Canada initially approved $20,000, but, by the time the approval was obtained, the CTFA had already spent $22,028.43. The moneys were expended as follows:

• Travel (doping control officer and out-of-competition testing seminar in Sweden, autumn 1988)	$ 5,500.00
• Meals and accommodation, including Swedish seminar	$ 6,500.00
• Honoraria to doping control officers (competition and out-of-competition testing)	$ 4,500.00
• Educational materials	$ 2,978.43
• Shipping and courier	$ 1,050.00
• Administration	$ 1,500.00
	$22,028.43

It is worth noting that $12,000 of the budget intended to be used for doping control was spent on travel, meals, accommodation, and the Swedish seminar. Sport Canada subsequently approved funding the shortfall. In addition, the laboratory costs were paid by the Sport Medicine Council of Canada.

In 1988–89 a total of 358 tests were carried out. Of these, 310 were in-competition and 48 were random. Bruce Savage, doping control chairman of the CTFA, said in his evidence before the Inquiry that the intention of the CTFA, supported by the experience of Scandinavian countries, was that the ratio of out-of-competition to in-competition testing would change. This would be accomplished by an increase in the number of out-of-competition tests while the number of in-competition tests remained static. The ratio in 1988–89 fell far short of the ideal for an effective antidoping policy, particularly since the ineffectiveness of in-competition testing is now well known.

The CTFA implemented a special Commonwealth Games dope-testing program for the games beginning in New Zealand in January 1990. It was a three-month, short-notice program designed, according to Mr Savage, in response to a lack of action by the Commonwealth Games Association of Canada with respect to testing for the games. Thirty-two sprinters and throwers were selected for testing, and there were no positive results.

It remains to be seen whether the CTFA will increase the number of out-of-competition tests to a level that will pose a real deterrent to the use of banned substances by track and field athletes.

Canadian Olympic Association

The COA has had a drug policy in place since 1984. However, it was limited to the imposition by the COA of penalties "against any person found guilty of a doping offence, as determined by tests conducted at a laboratory accredited by the IOC, irrespective of where such offence may have occurred." Therefore, only a positive test at an Olympic or non-Olympic event or in an out-of-competition situation would fall within the rule. Proof of drug use, apart from a positive test, would not. This system, according to Richard Pound, vice-president of the International Olympic Committee, and Dr Arne Ljungqvist of the International Amateur Athletic Federation, was in keeping with IOC and IAAF policy prior to 1989.

The COA did not establish its own independent doping control program but relied on the results of testing by the IOC or the sport bodies themselves. The policy acknowledged that the COA could apply penalties only to games under its jurisdiction — the Summer Olympic Games, the Winter Olympic Games, the Pan American Games, "and any other event in respect to which the COA may be required to identify or approve participants." The COA acknowledged that it had no jurisdiction to ban any person from participation in any other sport event, and was not in a position to extend its policy to such events. However, the COA policy bound it to respect all penalties imposed by international federations, national federations, and the International Olympic Committee, while reserving the right to impose greater penalties with respect to COA competitions.

At the November 13, 1988, meeting of the board of directors, the COA passed a resolution that the following recommendations be made to the IOC:

- that a program or programs of unannounced, out-of-competition testing be instituted in respect of Canadian athletes;
- that a similar policy be adopted by all international sport federations and their member national federations, and that Canadian national sport federations be urged to work actively

> to achieve such programs both within Canada and internationally;
>
> - that the IOC undertake a coordinating role to ensure the operation of such programs on an international basis, including the possibility of creating a single international authority to assume responsibility for administering the required tests;
> - that the IOC use its best efforts to organize an international program of an educational nature against the use of prohibited substances and procedures in sport.

The motion was carried unanimously.

A further resolution of the COA, also passed on November 13, 1988, provided that prior to departure for any competition under the jurisdiction of the COA, all Canadian athletes would be subject to testing. Roger Jackson, president of the COA, stated that at the time of his testimony the COA had not yet determined how to implement that program. The COA did not intend to set up a parallel doping program but rather would provide resources. A further resolution was passed supporting out-of-competition testing and urging all international federations to adopt such a program.

On April 14, 1989, the COA board of directors resolved unanimously with respect to the drug abuse issue:

> THAT the Canadian Olympic Association
>
> - Reaffirm its complete opposition to the use of performance enhancing substances and procedures prohibited by the International Olympic Committee.
> - Reaffirm its belief that the vast majority of athletes observe and respect the rules which apply to their sports and are fine examples to our society as a whole.
> - Recognize that a serious problem exists, which must be addressed by the Canadian Olympic Association, its members and the public at large.

- Call upon its member sports federations to review and redouble their efforts to eradicate the use of such substances and procedures and to report thereon as to their plans to the next meeting of the Board of Directors of the Canadian Olympic Association.
- Ensure that these factors are communicated to the public and to the Dubin Commission of Inquiry and instruct the Executive Committee to develop and to carry out the necessary program to accomplish this objective as a matter of the highest priority.

In addition, the COA board of directors passed a resolution on antidoping on April 16, 1989, as follows:

> *That the member sports of the COA establish a plan for anti-doping for their associations, which include[s] the elements of short-notice, out of competition testing*; and that such plans be approved by the Sport Medicine Council of Canada and be ready for implementation prior to April 1, 1990; *and that failure to do so would mean that a sport would not be eligible to participate in any programs of the COA including funding and participation in future Games under the jurisdiction of the* COA. [Emphasis added]

Until this most recent resolution, the COA limited itself to statements of pious hopes and recommendations and relied on the sport federations to enforce antidoping rules. The resolution of April 16, 1989, appears to have real teeth, in that failure by any of the member sports of the COA to establish and actually implement random, short-notice, out-of-competition testing would prevent that sport from participating in the Olympic Games — the "ultimate club" — or receiving any funding from the COA. According to Mr Jackson in his testimony before the Commission, $12 million in interest earned from the Calgary Olympic Endowment Fund will be distributed in the quadrennial which began January 1, 1989, to the thirty-five Canadian sport-governing bodies which form the membership of the

COA. The total budget of the COA for this quadrennial is $30–$32 million. The potential loss of this funding would no doubt have a salutary effect on any sport failing to implement an effective doping control policy.

Canadian Weightlifting Federation

The Canadian Weightlifting Federation (CWFHC) is the national governing body for weightlifting in Canada. Serious problems with doping by weightlifters have been evident for many years, and, notwithstanding a doping control program in place since 1983, the problem continued up to the 1988 Seoul Olympics. The extensive doping history in weightlifting has been detailed elsewhere in this report.

At a presentation to the Canadian Olympic Association in 1988, Yvon Chouinard, vice-president of the CWFHC, spoke of the enormous amount of work and the problems in logistics that testing involved for an organization such as the CWFHC. Athletes from as far away as Whitehorse, Yukon, or Stephenville, Newfoundland, are eligible to be tested. Clinics to train controllers were organized in Montreal and Regina, but, because of distances involved, it was extremely difficult to test with short notice.

In June 1988 Dr Andrew Pipe, chairman of the Committee on Doping in Amateur Sport of the Sport Medicine Council of Canada, expressed concern at the failure of the CWFHC to follow standard operating procedures in securing urine samples. He sent a letter to the president of the CWFHC protesting the number of diluted samples. In response, the CWFHC pleaded the shortage of SMCC controllers, the difficulty in contacting athletes, the possibility that athletes had consumed large amounts of liquid to stimulate their bladder function, as well as logistical problems with short-notice testing. Katherine Barber, the administrative coordinator of the CWFHC, submitted a report to the Commission outlining the difficulties of no-notice testing and stating that, in her opinion, no-notice testing is not feasible in the current Canadian context.

In 1988 the CWFHC instituted a new policy in which, each month, the organization tested its nine carded athletes and six other athletes chosen at random. The athlete must submit a urine sample within forty-eight hours of being notified by the anti-doping controller. In her report, Ms Barber states that forty-eight hours is the outside limit and that tests are often done within twenty-four hours or less of notification. She agrees that no-notice testing is the ideal, but that this kind of testing is beyond the current capacity of the CWFHC to carry out. She points to the difficulty of getting the athlete and the controller together when the athlete may live in a remote location. As it happens, many weightlifters come from rural or mining communities, whereas the network of doping controllers employed by the Sport Medicine Council of Canada tends to be concentrated in major urban areas.

In this regard, it is useful to compare the Swedish random testing program as described by Dr Arne Ljungqvist. In that program the selection of athletes and collection of samples is delegated to local appointees. In contrast, the CWFHC system has a central control area in Montreal which decides who will be tested and when.

Notwithstanding these efforts by the CWFHC, however, doping in weightlifting is so endemic that, until there is a change in the thinking of the athletes themselves and their coaches, testing alone will not eradicate doping from the sport.

Canadian Interuniversity Athletic Union

In their testimony before the Commission, athletes who had played football at York University, University of Toronto, University of Guelph, Bishop's University, McGill University, Acadia University, and St Mary's University as well as at several U.S. colleges readily admitted their own steroid use and that of their teammates. Ontario players estimated steroid use by 25 to 35 percent of team members, with 70 to 90 percent of linemen and linebackers using drugs.

The public is well aware of the use of anabolic steroids in professional football and the efforts being made by the National Football League (NFL) to test for and control drug use. In 1990 university football, through the CIAU, began to take an aggressive approach to the use of steroids by initiating random testing. The CIAU is the national governing body of university athletics in Canada. Its specific mandate is to govern intercollegiate competition in a wide range of sports. It is also responsible for developing playing regulations for the different sports it governs.

Across Canada, forty-six universities are members of the CIAU and approximately 8000 to 10,000 athletes compete annually in activities governed by the CIAU. Altogether, twenty-three universities have football teams, involving approximately 1000 players. Ontario has eleven teams; four universities participate on the east coast, three from Quebec, and five from the Western Conference.

The CIAU has had an antidoping policy in place since 1983. Its 1989 position statement is to the point:

> The CIAU is unequivocally opposed to the use by student-athletes of any banned substances or methods in contravention of the rules of the National and/or International Sport Federations, the International Olympic Committee, and the Fédération du Sport Universitaire.

> The CIAU is unequivocally opposed to any encouragement of the use of such substances and/or methods by individuals in positions of leadership in university sport (ie. coaches, athletic staff, medical practitioners, sport scientists, administrators, etc.) or by the athletes themselves. The providing of, or administration of banned substances and/or methods to athletes is also forbidden.

Despite the strong words of this policy statement, the CIAU carried out no testing of university athletes prior to 1990. As a result, no penalties were imposed for infractions of policy. University athletes were well aware that the CIAU policy had no teeth, and, in certain sports such as football, they continued to use anabolic steroids with impunity. By 1987, however, the CIAU was becoming increasingly aware that the use of banned substances by university athletes might be greater than envisioned. Accordingly, it formed an ad hoc committee to set up policies, procedures, and sanctions for testing university athletes.

The committee developed a comprehensive antidoping program which included random testing and severe penalties for positive tests. The program was approved by the CIAU board of directors in June 1989, and received final approval by the general annual assembly of the CIAU in mid-December 1989. It has two main components: education and testing.

Education University coaches and others will be required to present educational seminars to their athletes on drug use and doping control in sport within the first half of the competitive season or, in the case of football, during the preseason training period. Resource material will be provided to each sport by the CIAU office. These educational seminars became compulsory in all sports under CIAU mandate in the 1989–90 school year. Student athletes will be expected to attend one seminar each year.

Testing The CIAU instituted testing of athletes commencing in January 1990. At first, testing will be done only in football, but additional sports will be added each year until all sports governed by the CIAU are subject to testing.

Testing will be done for all IOC-banned substances and methods. Athletes will be selected at random by the CIAU office. The testing is short notice, rather than no notice, since athletes will be given forty-eight hours to report to a drug-testing site. The tests will be carried out over a twelve-month period and approximately six to ten people will be tested on a monthly basis, for a yearly total of 100 to 150 athletes.

Athletes who test positive on the first offence will be suspended from all CIAU competitions for one calendar year from the date of the second, or B-sample, test. During the suspension they will have an opportunity to undergo counselling. They can then take a second test a year later. On a second offence, athletes will be banned for life from all CIAU competitions.

Athletes who attempt to avoid a test by indicating they will retire will be required to retire for a minimum of one year. They will not be allowed back after the year's retirement unless they test negative. This rule will affect the eligibility of university football players, where the time limit is five years, provided the player completes a fifth year at the school in which he played during his fourth year.

In addition to penalties imposed on the individual athlete, the CIAU may initiate at its discretion an investigation of the institution in accordance with CIAU regulations.

INTERNATIONAL INITIATIVES

Second Permanent World Conference on Antidoping in Sport

It will be recalled that the First Permanent World Conference on Antidoping in Sport (Ottawa, June 1988) had produced the international antidoping charter, subsequently entitled the International Olympic Charter against Doping in Sport. This document was accepted by 117 nations at the UNESCO meeting of sports ministers (Moscow, November 1988).

In October 1989 the Second Permanent World Conference on Antidoping in Sport was convened in Moscow by International Olympic Committee member nations. The purpose of the conference was to review progress since the Ottawa conference and to continue to coordinate international efforts to combat doping in sport. The Moscow conference focused on four themes:

- out-of-competition testing
- education and information
- ethics, rights, and responsibilities
- a model national antidoping program

Proposals at the conference called for increased responsibility by national Olympic committees to ensure compliance with antidoping rules. To be eligible for Olympic competition, the conference proposed that "athletes shall agree to submit to a doping test whether in or out of competition when so requested by the designated organization appointed to manage doping control." Canada continues to co-chair the international working group on antidoping in sport.

I am struck once again by the contrast between the strong antidoping statements emanating from conferences and the slow pace of actual implementation of effective doping control measures. As Lyle Makosky, Fitness and Amateur Sport's assistant deputy minister, noted in his evidence, the implementation and policing of doping control policies lie not with governments but with the sport federations. In effect, this practice reduces the policy statements of groups such as the World Conference on Antidoping in Sport to expressions of an ideal with which, it is hoped, the sport federations will comply. As Mr Makosky stated in the hearings:

> The intent was that, coming out of the conference, these countries, through their governments and their sport community, would somehow begin to influence their International Federations.

International Amateur Athletic Federation

The IAAF, an unincorporated association of 184 members, is the international governing body for track and field ("athletics"), and its members are national sport-governing bodies for track and field. The IAAF is the body responsible for the rules and regulations governing international competition in track and field and for organizing international competitions, such as the world championships, most recently held in Barcelona in 1989. It recognizes one national governing body from each member country as representing amateur track and field in that country. In Canada this body is the Canadian Track and Field Association (CTFA). An athlete who is not a member of a sport-governing body recognized by the IAAF is not eligible to compete in international competition under IAAF rules.

Anabolic steroids were banned by the IAAF in 1974, following the creation of the IAAF medical committee in 1972. It rapidly became clear that it was hardly sufficient simply to announce a list of banned drugs, and in 1976 the medical committee set up a doping subcommission, although this body had no constitutional status under IAAF rules. The requirement of mandatory testing at international championships was approved in 1979 and came into effect the following year. A recommendation at that time proposed that testing take place at international matches, although it was included as a desirable, not an obligatory, requirement.

In 1987 the IAAF Congress — the legislative organ of the federation — approved a new rule that member organizations include in their constitutions a clause requiring out-of-competition testing by the member and the submission of a report to the IAAF on test results. In addition, a clause was to be included allowing the IAAF to conduct arbitrary doping control at a member's national championships. In fact, however, little if anything has been done to implement these procedures, as Dr Arne Ljungqvist stated in his evidence. Of the 184 members of the IAAF, only a few actually had an out-of-competition testing procedure in place in September 1989. In 1988 the IAAF did testing at three members' national competitions, but by then the IAAF was as aware as everyone else of the ineffectiveness of in-competition testing. A budget of U.S.$50,000 was set aside in 1989 for random out-of-competition testing to be conducted by IAAF representatives. This initiative came out of the 1989 congress in Barcelona, which saw rules strengthened to allow the IAAF itself to carry out such testing on a member federation's athletes.

The evidence of Richard Pound, vice-president of the IOC, is useful for the light it throws on the attitude of the international federations, and particularly that of the IAAF, towards the necessity for effective doping controls:

> Our experience has been that there is an uneven acceptance of that idea [doping control policies] among the international federations and there are many that do it simply to get us off their backs, but they don't fully implement them and they don't really believe in them. They do it simply because they think they would look bad if they didn't have a doping policy.

With respect to testing carried out by the IAAF itself at the world championships in Helsinki in 1983, Mr Pound said:

> These championships took place without a single positive test reported, and all over the world people just shook their heads and said, you know, that's not credible. It's simply not credible, and there was quite a lot of pressure put on the IAAF to say look, you're in serious danger of becoming a laughing stock here with this kind of result.

At the 1987 world championships in Rome, according to Mr Pound, the IOC Medical Commission representatives who were to be responsible for the testing laboratory were removed, presumably at the request of the international federation, and were replaced by IAAF representatives. Dr Manfred Donike testified that he "wasn't very much amused" and had received no explanation from the IAAF. (The Rome world championships produced one positive result.)

In September 1989 the congress approved a new set of doping control rules and procedural guidelines. Recent events, including the evidence heard by this Commission, had clearly shown that the existing rules were inadequate and contained a number of inherent weaknesses. Perhaps not the least of those inadequacies was the IAAF's apparent lack of serious intent to implement its own policies and procedures and to compel the national federations to comply.

The IAAF has now established its own Doping Control Commission. Previously, an informal doping subcommission had provided the IAAF with information on doping and advice on difficult technical cases. This practice, however, was not provided for under the IAAF rules; technically, the doping subcommission did not exist and had no jurisdiction to decide anything. The new rules give the Doping Control Commission specific powers to advise the IAAF on doping matters generally and to make decisions on the outcome of doping control in cases of technical difficulty.

In addition to a requirement that a member include within its constitution (1) a provision obliging that member to conduct out-of-competition doping control (a report of which must be submitted annually to the IAAF) and (2) a provision allowing the IAAF to conduct doping control at the member's national championships or at any similar meeting, there is now a provision allowing the IAAF to conduct out-of-competition testing on the members' athletes. As well, athletes will not be allowed to compete in their national championships unless they agree to be subject to out-of-competition testing by both the member and the IAAF.

A new provision in the rules concerns ineligible athletes. In order to resume competing after their period of ineligibility has expired, they must make themselves available for out-of-competition testing at any time during the period of ineligibility. Where an athlete has been rendered ineligible for two years, a minimum of three tests must be conducted by the member organization, with at least four months lapsing between each test. The results of each test must be reported to the IAAF. In addition, immediately prior to the end of the suspension period the athlete must undergo testing for the full range of prohibited substances. If these test results are positive, an athlete will be liable to further penalties, which could mean ineligibility for life.

The rules now provide for the recognition of results of doping controls carried out by other sporting bodies. This provision clears up a technical anomaly that found the IAAF without authority to declare an athlete ineligible where testing had been carried out by the IOC, by a regional organizing committee, or even by a member.

A further change to the rules proposes that any athlete found to have committed a doping offence would not be entitled to any award or addition to his or her trust fund in respect of a competition where the doping control was conducted. The IAAF recognizes that, legally, it is difficult to deprive an athlete of any funds already gained or held in his or her trust fund. For the present, it will simply attempt to prevent future payment to trust funds where a doping offence is involved.

There is now a rule that applies to other parties involved in a doping offence. A report on the circumstances surrounding a doping offence and on the steps being taken by a member to establish those responsible must be submitted to the IAAF by the national federation.

The actual procedures involved in testing are not substantially different from those in the IOC rules. With respect to the analysis of samples, the rules state that "only laboratories accredited or approved by the IOC/IAAF may be used." It is not clear whether the laboratory must be approved by both organizations or only by the IAAF.

Random out-of-competition testing is to be conducted by independent sampling officers appointed by the IAAF. An athlete must present himself or herself for testing within forty-eight hours of notification.

In the first three months of the new program, testing was carried out in six countries. The IAAF's independent team went unannounced to some countries. All results were negative, except for one ephedrine case found at the Australian marathon championships on July 23, 1989.

The IAAF has stated, however, that further analysis of the sample is required owing to the low level of the substance found. Four men and one woman tested positive at the Southeast Asian games in Kuala Lumpur in August 1989. No positive cases were reported from the World Cup track meet at Barcelona in September 1989, where forty-five athletes were tested.

The definition of doping was expanded to include an *admission* by an athlete to have "taken advantage of a prohibited substance or prohibited technique." Prohibited techniques are described as (1) blood doping and (2) use of both substances and methods that alter the integrity and validity of urine samples used in doping control. With respect to the "admission" for the purposes of the IAAF rules, "a statement shall only be regarded as an admission either where it was made under oath or where it was made in writing and signed by the maker." The statement will not be regarded as an admission if made more than six years after the facts to which it relates. In addition, Rule 148(3) now provides that:

> Where an athlete has admitted that at some time prior to achieving a World Record he had used or taken advantage of a prohibited substance, or a prohibited technique, then, subject to the advice of the Doping Commission, such record will not continue to be regarded as a World Record by the IAAF.

Thus, an athlete who admits that a world record was achieved with the benefit of performance-enhancing substances or techniques will now be stripped of the record. It was by the retroactive application of this rule that, on January 20, 1990, as a result of their evidence before this Commission, Ben Johnson and Angella Issajenko were stripped by the IAAF of their world records.

Until the adoption of this rule, the only basis for disqualification of an athlete was a positive test. An athlete might admit using banned substances prior to competition, but, so long as the test was negative, no action could be taken. This practice was confirmed by Dr Ljungqvist in his evidence:

> THE COMMISSIONER: . . . up to now . . . the only basis of a doping offence, apart from the banned practices, was actually to have the substance found in your system?
>
> THE WITNESS: Yes.

Richard Pound admitted that for the IOC the situation was the same and that the only basis for disqualification was a positive test. Indeed, that was the position when the athletes who testified before this Commission admitted to the use of banned substances. Their evidence was, in large part, instrumental in uncovering the pervasive practice of doping in sport that was until then hidden from public view, although perhaps not from the view of the sport community. I shall have more to say about this retroactive disqualification by the IAAF in my conclusions and recommendations.

International Weightlifting Federation

The International Weightlifting Federation (IWF) is the international governing body for weightlifting. The medical committee of the IWF was formed in 1966 and since 1967 has carried out doping controls in weightlifting. Between 1967 and 1976 these controls were limited to the world championships. The IWF used the IOC's list of banned substances, and, after the IOC added anabolic steroids to its doping list in 1975, the IWF included them as well, in February 1976. At the 1976 Montreal Olympic Games, which saw anabolic steroids analysed for the first time, the controls brought out positive results for seven weightlifters. The IWF initiated a study and adopted a resolution to approve a world record only if it was accompanied by a negative doping control certificate. A four-year ban against any lifter testing positive was also called for. As well, the national federations were advised to educate weightlifters against drug use.

From 1977 through 1985, the IWF carried out between 800 and 1000 tests at various events. Because positive tests continued to appear, in January 1984 the IWF decided that any weightlifter having a positive doping result at the Los Angeles Olympics would be banned for life. Today there is a two-year suspension for a first offence and a life suspension for a second.

Since August 1985 the IWF has expanded its doping controls. All 131 members joined the IWF Doping Control Program and accepted the possibility that their weightlifters might be tested not only in competition but also at random. Members of the IWF Doping Commission were given the right to travel to any country during the eight weeks before the world championships and to carry out random tests on lifters in their own countries during this time. This routine was carried out in 1986, 1987, and 1988, and, in the eight weeks prior to the Seoul Olympic Games, the IWF conducted doping controls in twenty-five countries. Nevertheless, five of the ten positive doping cases at the 1988 Seoul Games belonged to weightlifters.

As a result of the positive tests, the IWF executive board approved an antidoping program consisting of three main components:

- prevention and education
- controls
- sanctions

On January 1, 1989, the IWF introduced a year-round, out-of-competition, random testing program. The cost of these tests (to be carried out no more than twice a year per country) must be undertaken by the national federation concerned. These costs are for testing and for the controllers' travel and accommodation expenses. IWF-controlled testing is to be done only at accredited laboratories, and members of the IWF medical committee cannot take part in the doping controls.

World records are verified only if set at calendar events under doping control. The sample-taking procedure follows IOC rules, with one addition: when giving the urine sample, the athlete must be nude.

The IWF proposed to establish an international doping commission under the auspices of the IOC but involving all parties of the Olympic movement. Under this proposal, a "resistance to submit to doping control" would have the same "disciplinary consequences" as a positive test. (The IWF refers to a "resistance to submit" as opposed to a "failure to submit or refusal to submit," which is the phrasing in other doping control guidelines.)

According to the IWF proposal, any athlete caught testing positive at the Olympic Games is banned for life from future Olympics. Any athlete testing positive at Olympic Games in any other sport does not receive IWF approval to compete in Olympic weightlifting.

Under the IWF proposal a fine of U.S.$1000 is to be paid by the national federation for each positive testing. If three or more positive results appear within one year from lifters of the same national federation, that federation receives a year's suspension from international competitions. A second group of three cases from one country results in a two-year suspension. Refusal to cooperate in the random out-of-competition testing results in a two-year international suspension for the national federation. In addition to penalties already enforced, a further penalty is determined by the IWF for anyone found guilty of tampering with a urine sample.

Coaches, doctors, or officials associated with and found guilty in the athlete's positive result receive the same punishment as the athletes, and they must be named by the national federation. If a specific name is not supplied, the national federation's team coach receives the punishment.

Anyone found guilty of dealing and trafficking in drugs is banned for life from involvement in the IWF.

On October 12, 1989, the IWF announced that it was prepared to introduce the steroid-profile procedure for testing for steroid use. This is a system being investigated by Dr Manfred Donike, and it is believed that the IWF is the first international sport federation to adopt it. According to Tamas Ajan, general secretary of the IWF, the move to use this procedure was prompted by the revelation of nine new positive dope tests out of approximately 600 tests carried out in 1989 by the federation. Of these, approximately 200 were conducted out of competition. The steroid-profile system has not yet been approved by the IOC, and for this reason, according to Mr Ajan, no athlete who tests positive under the technique will be banned by the IWF. Instead, a warning will be issued to the national federation involved. It must be emphasized that, to date, the scientific validity of this procedure has yet to be established.

In a sport that has been notorious for the use of banned substances and practices, and which has had more positive tests and disqualifications than any other, these new measures by the international governing body are an encouraging sign of an intent to clean up the sport.

European Sports Conference

The European Sports Conference, a nongovernmental group of sports organizations from Eastern and Western European countries, in October and November 1988 conducted an antidoping seminar that focused on out-of-competition testing. Sport representatives from twenty-one European countries gathered in Borlänge, Sweden, with representatives attending from Canada, Kenya, China, the Council of Europe, and the General Assembly of International Sport Federations (GAISF).

A background paper produced by the Swedish, Norwegian, and United Kingdom sport federations and councils set out the fundamental elements of a doping control program:

1 Out-of-competition controls can be carried out at any time of the year — outside of competitions and during any form of training session, wherever the athlete is.

2 Out-of-competition controls must be without any or with a minimum of prior notice.

3 The controls should be conducted on top-level international athletes and those aspiring to international competition.

4 To be effective, out-of-competition controls should be a part of a national program and should be carried out by a national responsible body.

5 Out-of-competition controls should be contained within bilateral or multilateral agreements between countries, which would allow athletes from one country training on the territory of another to be tested by the authorized doping control team of the latter country. Appropriate action would be taken and positive results treated as if the control had taken place on the athlete's own territory.

6 Any competitor, coach, doctor, official, or other person found to be in breach of doping regulations should be penalized in accordance with the procedures recommended by the IOC and/or International Federation.

In its recommendations the conference laid out broad, basic doping control procedures that generally comply with those set out in the guidelines of both Sport Canada and the IOC. The recommendations stress that the sport authority or governing bodies of the individual country should appoint an independent department or commission to be responsible for ensuring that the doping controls take place according to the established procedures.

Council of Europe

On June 21, 1988, the Committee of European Ministers Responsible for Sport extended the principles of the European Anti-Doping Charter for Sport by adopting a recommendation on the institution of no-notice, out-of-competition doping controls. In order to maintain and expand the Council of Europe's lead in the fight against doping in sport, the sport ministers decided it would be advisable to draw up a legally binding antidoping convention, open for signature by the member states of the Council of Europe. Such a convention was drawn up and proposed at the Reykjavik conference in June 1989 and adopted by the ministers on September 19, 1989. An explanatory report issued by the Council of Europe in October 1989 notes that

> By adopting a common backdrop and framework, governments will help athletes who will know that they are subject to the same policy and procedures no matter what country they come from.

The main features of the Council of Europe Anti-Doping Convention are as follows:

- The aim of the convention is to reduce and eliminate as far as possible doping from sport.
- Sport should play an important role in the protection of health, and in developing moral and physical qualities.
- [G]overnments have a general obligation to take the measures they consider appropriate to protect public health . . . The international sports federations are responsible for the organization of the activities under their aegis.
- The Convention is conceived as an instrument to intensify international co-operation . . . in the anti-doping campaign . . . [It] is not an instrument for bringing about sophisticated technical changes, but a reassertion, at a crucial moment in sport's history, of certain lasting principles.
- The . . . IOC is to be regarded as the . . . reference [for] banned classes and methods.
- The Parties shall adopt where appropriate legislation, regulations or administrative methods to restrict the availability of banned doping agents and doping methods and, in particular, anabolic steroids.
- [T]he Parties . . . shall make it a criterion for the grant of public subsidies to sport organizations that they effectively apply anti-doping regulations.
- The creation of doping-control laboratories is an essential part of an effective anti-doping strategy.
- Anti-doping education is a part of the general moral and civic education as well as a specific element in the education of sport ethics and fair play.
- [S]ports organizations in setting up doping control programs should adapt or adopt regulations which would give expression to the concept of natural justice, or due process.

The Council of Europe's Anti-Doping Convention is a fine statement of high moral and ethical tone. It is a clear signal that the council's member countries are fundamentally opposed to the practice of doping in sport. The practical effect of the convention will, however, depend on the degree of commitment of individual sport bodies, not only to putting in place doping control measures but also to implementing them and ensuring that athletes comply. The requirement that sport bodies implement effective antidoping controls as a condition of receiving grant aid places an onus on governments to monitor antidoping programs and may be the key to ensuring compliance.

British Sports Council

Britain has continued to refine and strengthen its antidoping policies. Prior to 1988 the sport-governing bodies conducted random out-of-competition doping controls. Since April 1988 the Sports Council itself has taken over the entire program.

Athletes who wish to be considered for the national team must formally agree to make themselves available at any time for testing. They must provide details of how they can be contacted day or night. If planning to be away from their permanent residence for more than five days, they must provide an address at which they can be reached. For athletes at other levels, the Sports Council relies on the governing bodies' own regulations to discourage the use of performance-enhancing substances. The Sports Council assists the sport-governing bodies to set up an acceptable drug control program. Its focus, however, is on high-performance and international calibre athletes, and is weighted towards those sports perceived to be a potential problem. The list of athletes subject to testing is revised every six months or less, as athletes move into and out of the elite and international categories. An athlete who retires is still subject to testing for eighteen months. Selection is now done randomly by computer.

The Sports Council selects the athlete, dispatches the independent sampling officer to collect the sample, and tests that sample at the IOC-accredited laboratory in London. The Sports Council's procedures state that "[f]ailure to appear for testing may be regarded as a refusal to attend for testing." Indeed, one athlete has already been suspended for failing to make himself available for testing. The athlete's sport-governing body is contacted only if the Sports Council is unable to reach the athlete within five days, or if the sample is positive. In order to receive grants from the Sports Council the sport-governing body must cooperate with the council's doping control program.

The Sports Council also considered the problem of testing a country's athletes when they are training at a foreign training camp. Sir Arthur Gold, chairman of the Sports Council's Drug Abuse Advisory Group, believes that the only solution is bilateral and multilateral agreements that would allow athletes to be tested by an authorized doping control team of the country in which they are training or of an international sports organization. Nevertheless, the council recognized that the bulk of out-of-competition testing would always be in the athlete's own country. Recent events suggest that the sport world is indeed moving in the direction of multilateral agreements to combat the problem. Britain is one of the signatories to the December 1989 Rome Multi-Lateral Doping Control Agreement, of which more will be said later. It is also working with other Commonwealth countries, including Canada, towards a Commonwealth Agreement.

The Sports Council expended £350,000 in 1987–88 to support its drug abuse work and had a budget of £450,000 in 1988–89. In a paper delivered at the 1988 antidoping seminar held at Borlänge, Sweden, Dr Huw G. Jones of the Sports Council estimated the screening cost alone for one type of testing for controlled drugs at £20 per sample. With a projection of 500 samples for 1988–89, the cost of out-of-competition testing would be £10,000. In 1989–90 it was anticipated that 1500 samples would be taken, at a cost of £30,000. In addition, there would be the cost of travel, subsistence, and presumably honoraria. The estimate for this was £100 per out-of-competition test. In addition, the Sports Council has plans to increase the number of mobile sample collection laboratories, at a cost of £30,000 per unit.

Clearly, an effective drug program is going to be very costly. The Sports Council's budget for its drug-control program for 1989–90 is £492,000.

Notwithstanding these efforts and expenditures, it seems that some offenders continue to escape the net. The positive tests of two British weightlifters at the 1990 Commonwealth Games are disheartening and yet another indication of the serious, perhaps incorrigible, problems in weightlifting.

United States

The United States does not have a public funding system for athletes. There is no federal or state budget specifically for sport. Instead, the United States relies heavily on the school or university system to train athletes, through the system of athletic scholarships. Sport Canada director Abby Hoffman, in her testimony, stated that, although this system has been very successful in some respects, success is confined to sports that are popular in U.S. colleges, and the system makes little provision for athletes of postuniversity age; once an athlete graduates, no further assistance is available. The U.S. Olympic Committee has raised a considerable amount of money which it has been able to pass on to the American sports bodies, but Ms Hoffman points out that there is no equivalent to Sport Canada, "nor is there a budget that in any way, shape or form looks like that of the Federal Government in sport in this country."

The Athletic Congress (TAC) is loosely equivalent to the CTFA. In December 1988, at its annual convention in Phoenix, Ariz., it approved a random out-of-competition testing procedure. The program, implemented on October 2, 1989, makes the top fifteen Americans in each event subject to random selection, within forty-eight hours of notification throughout the year. The tests are for steroids, masking agents, diuretics, and for other substances designed to enhance an athlete's performance. The plan envisions testing fourteen athletes each week in the first month; thereafter the number tested is to be sixty athletes per month.

According to the plan, each week the 600 athletes eligible for testing will be identified and the requisite number selected at random by a confidential numerical code known only to a public accounting firm. A second accounting firm will audit the entire testing process. A TAC administrator will notify each athlete selected for testing, and urine samples will be collected within forty-eight hours by drug-testing personnel of the U.S. Olympic Committee. The laboratory at Indianapolis, Ind., will analyse the samples. In addition to the random out-of-competition testing, TAC will continue testing for drugs at all events at which national teams are chosen, at selected national championship events, and at other randomly selected competitions throughout the United States.

A positive test for anabolic steroids will result in a two-year suspension for the first violation, and lifetime banishment from the sport for a second offence. An athlete who fails to appear for drug testing is deemed to have had a positive result, except in extenuating circumstances such as a death in the family or hospitalization of an athlete.

Athletes who do not live within seventy-five miles of a tester may also be excused for not appearing within the specified time.

In November 1989, during the first three weeks of the program, thirty-seven athletes were tested after being chosen at random from a pool of national-calibre road racers, race walkers, and track and field performers. Five failed to show up. All of the tests were negative.

The National Collegiate Athletic Association (NCAA) is the U.S. counterpart of the Canadian Interuniversity Athletic Union (CIAU). In October 1989 Dick Schultz, executive director of the NCAA, endorsed a proposal to begin random year-round testing for anabolic steroids in college athletes. In 1988 the NCAA had tested 3700 athletes during competition, of which 0.8 percent tested positive. It was felt that these results did not accurately reflect the true extent of the use of banned substances in college athletes. At its January 1990 annual convention in Dallas, the NCAA voted to institute a program of year-round testing.

Australia

On May 19, 1988, the Australian Senate referred to its Standing Committee on Environment, Recreation and the Arts the following matter: "The use by Australian sportsmen and sportswomen of performance enhancing drugs and the role played by Commonwealth agencies." The inquiry was expected to last six months, but at the end of one year, in May 1989, it delivered only an interim report: *Drugs in Sport*.

Many of the concerns which led to the establishment of the Australian commission were the same as existed in Canada. There was widespread comment in newspapers and television on the alleged use of performance-enhancing drugs and allegations concerning the involvement of the

Australian Institute of Sport (AIS). According to the press coverage, there seemed to be a general belief among athletes and coaches that it was impossible to compete on equal terms with athletes from other countries without using performance-enhancing drugs. According to the interim report, one article stated: "Sporting officials continue to cover up their involvement in the use of drugs in the sport despite the increasing amount of information available to the public and the government. There is nothing new in this sort of hypocrisy."

At the time of the Senate hearings, Australian athletes were subject to random testing both internationally and at major Australian competitions. The Senate Committee found, however, that the frequency of tests *during training* is crucial to the deterrent value of the testing program. In the AIS random testing program, begun in 1987, one athlete and later two athletes were selected for testing each week. Whole AIS teams were also tested at the director's discretion, and, up to July 20, 1988, the weightlifting, track and field, and cycling teams had been tested.

The Australian Olympic Federation (AOF) also carried out random tests in 1988. It conducted 148 tests with little or no notice, although some of these were at competitions. Sports outside the AOF and the AIS programs, the two major testing programs, have complete control over their own testing.

One of the experts at the hearings stated that "to be sure all athletes in any group were clean, they would need to be tested once every six weeks." This is presumably because a steroid program would typically last six to eight weeks; it was the opinion of another expert that quarterly testing would not be frequent enough to be sure of deterring athletes. The committee was satisfied that a program designed to detect half, or even one-third, of steroid-using athletes would likely be an effective deterrent because the risk of incurring serious penalties would become unacceptable.

The committee looked at three types of testing and their relative advantages and disadvantages:

1 Competition Testing

Advantages
- Establishes bona fides of place and records.
- Detects abuse of drugs other than anabolic steroids.

Disadvantages
- Does not deter steroid abuse.

2 Random Testing

Advantages
- Ensures an element of risk for all sports people and is a good deterrent.
- Is effective against anabolic steroid use.
- Protects tester from allegations of bias.

Disadvantages
- May waste testing funds in low-risk areas.

3 Targeted Testing

Advantages
- Enables testers to focus on high-risk sports.
- Enables testers to follow up complaints to test reports about specific athletes.

Disadvantages
- Opens testers to allegations of bias and favouritism.

The committee recommended in its report that an independent Australian Sports Drug Commission be set up "to carry out all sports drug testing in Australia." It recommended that the actual program should contain the following elements:

- at least 2000 tests a year;
- 350 of Australia's best athletes be tested four times per year using targeted, random, and competition testing;
- 300 tests be carried out on athletes not in the above group outside competitions;
- 300 tests be carried out at competition events;
- 25 percent of all tests "to be on a strictly random basis of selection."

The cost of the random testing program for the AIS increased from AUS$3800 in 1986–87 to AUS$23,000 in 1987–88. The cost of each test in 1988 was AUS$232 and the AIS expected that the total costs would be about AUS$40,000 in 1988–89. The committee's recommendation of a minimum of 2000 tests would bring the cost closer to AUS$500,000. By the time the committee came to write its interim report, the institute's procedures for collection, identification, and dispatch of the urine sample followed IOC requirements.

The committee recommended that in cases where there is clear evidence of doping practices which, although not detectable from urine samples, would normally be accepted by a court of law, it would seem reasonable to impose penalties without a positive test. As an extension of this, the committee felt it would be reasonable to allow officials from the drug-testing program to seek evidence of drug abuse other than that coming from tests. The committee felt that this would at least reduce the incidence of athletes' flouting the intent of antidoping policies by using blood doping and natural hormones, such as human growth hormone, with the full knowledge of their competitors. Such evidence would include, presumably, an athlete's admission that he or she was using a banned substance or practice. As indicated earlier, the only basis for disqualification by either the IOC or the IAAF has been a positive test result. The committee recognized that it is now evident to all that positive tests are but one indication of abuse.

The committee was harshly critical of the ineffectiveness of the doping control program at the AIS prior to 1989. "The lack of action by the senior management and medical staff," the committee felt, "can only be described as incompetence and as a failure to treat the drug testing program with the seriousness that it deserves." In its conclusion, the committee stated:

> While it is recognised that the AIS initiated a drug testing program, it appears that this was a response to outside pressures to be seen to be "drug free," rather than from any real concern for the need to strictly apply IOC guidelines to ensure the integrity of Australian sport and the health of its athletes. The administrators at the AIS had shown a low commitment to developing an effective deterrent program until this Inquiry became active. This is demonstrated by them ignoring for over a year and a half advice from the doctors on the need to include other athletes, in their testing program. They then took action over a matter of a few weeks in April 1989 after the issue had been raised at a hearing of the inquiry. The Committee believes that in many ways the AIS drug testing program was worse than having no drug testing programs at all. It provided the protection of appearing to do something to prevent the use of drugs, but was conducted in such a manner that it may have been possible for athletes using drugs to claim that the program showed them to be drug free.

> The move to put the AIS drug testing program into the hands of the National Drugs in Sport Program is to be welcomed. However, it is the Committee's view that an effective drug testing program will require that all tests be conducted by the completely independent Australian Sports Drug Commission proposed in Chapter Three.

Obvious parallels can be drawn with the situation both in Canada and internationally.

Bilateral and Multilateral Agreements

In November 1988 the U.S. Olympic Committee and the USSR Olympic Committee reached an agreement for bilateral doping control. The agreement was signed by Barron Pittenger, USOC executive director, and Valerie Gromyko, the deputy chairman of the Soviet State Committee for Physical Culture and Sports. The agreement was subject to review and adoption by their respective Olympic committees.

The basic text of the agreement was as follows:

1 Both NOCs to make a mutual commitment to eliminate doping substances or methods forbidden by the IOC Medical Commission in their countries and to unify their efforts in this area.

2 To create the Soviet-American drug education and anti-doping commission composed of eight persons, charged with the administration of the joint U.S.-U.S.S.R. initiative.

3 The commission so formed to be charged with the implementation and realization of the joint program on the basis of the First World Conference on Doping in Sports' recommendations and the IOC Medical Commission.

4 The Commission to develop recommendations for a program to provide for mutual doping control of the athletes of both countries in various sports during training cycles and at competitions.

5 Joint research work on doping in sports and publications.

6 Sharing of doping control results within the Commission and with the IOC Medical Commission and the International federations for each sport.

7 The development of education materials and antidoping propaganda.

8 An annual report of the Commission to go to the NOCs of both countries.

9 Both NOCs to take all measures to protect their athletes from unfair competition and to induce all other NOCs to carry out the decisions of the IOC Medical Commission on the exclusion of doping from sports.

This agreement has now been extended by the agreement reached at the summit held in Rome in December 1989. At that summit, Australia, Bulgaria, Czechoslovakia, Great Britain, Italy, Norway, South Korea, Sweden, and West Germany joined the United States and the Soviet Union in signing an agreement providing for the testing of one another's athletes. Canada was an observer at the summit, not an official participant, and did not sign the agreement.

International Olympic Committee

The IOC has been aware for many years of the widespread nature of doping in sport. Its efforts to combat the problem, however, have been limited to testing at the Olympic Games and, according to Richard Pound, to attempting to persuade international federations to implement doping control in their sports. Clearly this policy was ineffective, and the IOC was well aware of it.

In its most recent efforts to combat doping in sport, the IOC has been attempting to coordinate an international approach. The International Olympic Charter against Doping in Sport (which includes provision for "without notice" out-of-competition testing) was adopted by the IOC in September 1988 and endorsed in principle by UNESCO. The charter was a product of the First Permanent World Conference on Antidoping in Sport, held in Ottawa in June 1988.

According to Mr Pound, the IOC has already obtained the consent of the international sports federations to a number of important steps to combat doping in sport:

- a common list of doping substances and procedures;
- a common list of IOC-accredited laboratories;
- a standard set of sanctions that will be applied for doping offences; and
- the implementation of random out-of-competition testing.

In addition, the IOC is working with public authorities, cohosting world antidoping conferences, and endeavouring to develop better methods of testing. Officials from twelve countries, including Canada, met in Rome on December 12, 1989, to draw up plans for testing one another's athletes for performance-enhancing drugs. The two-day closed-door session was held at the Italian Olympic Committee headquarters. Representatives of participating countries signed an agreement to test one another's athletes for use of steroids and other performance-enhancing drugs in and out of competition. The details of the accord are to be worked out in separate bilateral accords between national federations, but it is effective from January 1, 1990, to December 31, 1992, and it can be extended for a further four years. The accord is to be supervised by the IOC's Medical Commission, and the IOC hopes that eventually the accord will be signed by all of its 167 members.

At the Commission hearings, Mr Pound stated that the IOC was prepared to fund a "flying laboratory," a fully equipped testing laboratory that could be taken anywhere in the world on short notice. Testing done by this laboratory would supplement that done by individual nations and sport federations. The IOC executive board, meeting at Lausanne, Switzerland, in December 1989, approved a target date of April 1990 for the start of this operation to be used worldwide at competition and out-of-competition testing. The initial costs are projected at $1.5 million.

It seems that the IOC has finally concluded that to protect the integrity of amateur sport and the Olympic Games, it is not enough to ensure that athletes are "clean" during the weeks of competition every four years. Notwithstanding the evidence of Mr Pound that the IOC "cajoled and bullied and threatened and forced a lot of these international federations into having these medical commissions and adopting doping control policies," it seems that, until now, not even the authority and prestige of the IOC was able to prevent the problem from reaching scandalous proportions. The ultimate, and perhaps most effective, penalty of exclusion from the games was apparently never seriously considered.

OTHER INITIATIVES

In addition to the measures being taken on the international scene and by national sport federations as described above, I note that, since the commencement of this Inquiry, many other bodies have begun to address the problem of doping in sport. The plans vary in size and perhaps in effectiveness, but the trend is encouraging. Some of those bodies are:

- The Canadian Junior Football League
- McGill University
- York University
- University of Calgary

- Province of British Columbia
- Women's International Tennis Association
- Swimming Canada
- Association of Professional Tennis Players
- United States Big Ten Conference
- National Hockey League
- U.S. National Collegiate Athletic Association
- U.S. National Football League.

In some cases, existing antidoping programs are being strengthened; in others, new programs are being put in place. Revelation of the widespread nature of the problem and the extent to which it threatens the existence of sport has, it seems, finally been recognized.

SUMMARY

It now appears that a concerted worldwide effort will be made to combat doping in sport. It remains to be seen whether the actual implementation of the measures proposed will be effective. The linking of grants and funding by government to effective antidoping programs is one method that should be enforced rigorously in those countries where government itself does not carry out the antidoping program. National Olympic committees and the IOC can do much to ensure the integrity of sport by insisting that international federations abide by the IOC charter and the multilateral agreements on doping in sport that are now in place. I see no future for amateur sport, its ideals and potential for human betterment, unless these measures are taken and consistently enforced.

PART FIVE

Rights and Ethical Considerations

23

Athletes and Coaches against Drugs

The most vigorous opponents of cheating in sport are those coaches and athletes who insist that sport be conducted in accordance with the rules, rules that include a recognition of the high moral and ethical values underlying sport. They are fearful that cheating, now so prevalent, will destroy sport.

Over the years these individuals have been a bulwark against the pervasive influence of performance-enhancing drugs in sport. Their careers may not necessarily show first-place performances as medals went to others who were not "clean." Their devotion to their sport and willingness to compete for personal satisfaction rather than public acclaim illustrate how sport ought to be.

Bill Crothers and Bruce Kidd are senior statesmen of track and field in Canada. They were both prominent middle-distance runners in Canada in the 1960s. Mr Crothers has left the world of sport and is now a pharmacist. He remains a keen observer from the sidelines. Mr Kidd is now a professor in the School of Physical and Health Education, University of Toronto, and through his association with various sport organizations, including the Canadian Olympic Association (COA), has continued to be involved in the sport system. They are vigorous opponents of cheating, and Mr Kidd has written extensively about this issue. They both described their own careers as competitive, clean athletes in a world when steroids and other performance-enhancing drugs were largely unknown.

Mr Crothers characterized his involvement in track, even at the height of his career, as an avocation that took second place to his schooling. During university, he was a full-time student; he trained and competed in track and field and held a part-time job while doing so. In those simpler days there was no direct government funding of athletes, no specialized sports medicine physicians, and no commercial endorsements.

Mr Crothers considers money to be the root of the current problems in athletics:

> As long as there is sufficient money in the sport to produce the kind of rewards that the athletes can receive for their performances, and, more importantly, that there is enough money to support all the support personnel, the trainers, the physicians, the agents, the promoters, that is far more important. As long as there is sufficient money in the sport to make it possible for them to benefit by the performances of individual athletes, there will always be the problem. Because . . . they achieve their benefits, not by virtue of the enjoyment they get out of the sport, but they achieve their benefits by virtue of the success that the individual athlete achieves.
>
> And as long as they can receive material, significant material benefits from that, there will always be . . . some people who are looking for an edge and an angle.

> That's the problem. That's the insidious part of it. And that's what makes it so darn difficult is that those of us who have the background, we tend to get a little bit cynical about the prospects because we — you know that it's wrong, but you don't really know how to realistically go about getting rid of the problem. As long as there is that much money involved, it will always be a problem. You try to suggest that you take the money away from sport and everybody screams and hollers.

Bruce Kidd, who competed actively as a middle-distance runner for Canada between 1960 and 1964, approached his athletic career similarly. Sport was an avocation for him too. Mr Kidd was a full-time student, worked on the university newspaper, and also held a part-time job. As he put it, "certainly we were highly competitive and we wanted to win and everything, but we made a real effort to combine it with other activities."

He described his training as something that was undertaken in a more casual way. When he told a fellow competitor that he had increased his training by adding a morning run, this runner replied:

> You know, you represent the thin edge of the wedge. If it gets to the point where people are training twice a day, then they will move on to three times a day because probably there is a marginal efficiency to be gained with a lot more training. And it will become a full time occupation and the life we lead will be impossible. And it will mean that people such as us will be forced to choose from being a full time athlete, focusing on nothing but the sport, or a recreational athlete with little opportunity to travel and compete at a high level.

This intensified training schedule was one of the changes that marked the start of the move to the full-time athlete:

> And I still remember that because I was trying to defend the new approach, training twice a day, and surprised that I was under attack. And now realizing how prophetic that was because

> subsequent Canadian athletes have experienced great difficulty trying to make that choice.
>
> And nowadays there is just no question . . . Athletes today identify themselves as full time athletes.

In Mr Kidd's view, full-time athletes today live under poor economic conditions. The carding money from Sport Canada is intended to assist athletes, not to provide full-time support. In fact, the amount of the carding payments is far below the minimum wage and far below the poverty line. According to Mr Kidd, graduate students and artists funded by the Canada Council receive far more support. Most athletes have difficulty supplementing their carding income because training and competition schedules are now such that they must be virtually full-time athletes. Few athletes can generate significant additional income from endorsements and performance fees. The result of these economic conditions, Mr Kidd believes, is to add greatly to the pressure on athletes to cheat by using performance-enhancing drugs.

Leaving aside the question of money alone, Mr Kidd was also critical of the basis of the carding system. Rather than encouraging athletes to do their best, the current system is keyed to performances relative to international standings. Many athletes even though performing at their best will simply be unable to meet these standards. In addition, the athletes view the standards as tainted by drug-induced performances. Mr Kidd advocates that the system should provide financial opportunities to the best athletes in Canada, regardless of how they rank on the world list:

> I mean, Milt Ottey still inspires me whether he's in the top 8, as he was in the early '80's, or he's now in the top 100. It's still quite incredible to see a guy jump so far over his head and do so with toughness, with courage, under a lot of pressure. I mean, that's still very inspiring. And what does it matter what he does on the world list?

> When I go out to the track to see Milt train or compete, that gives me a thrill. This is an important cultural practice. Let's provide opportunities to the best of our social resources, regardless of what people are doing in other countries of the world.

Mr Kidd calls the current system "highly exploitive" and suggests that we either accept that our athletes are underpaid professional "culture performers," and pay them as such, or return to a system based on need rather than performance. I will return to this question and the status of our amateur athletes later in this report.

Mr Kidd was part of the 1988 Task Force on National Sport Policy which produced the report *Toward 2000: Building Canada's Sport System*. He agreed that that report did contain a number of recommendations directed towards the pursuit of international success in sport, with medals as the goal of the national program; however, Mr Kidd's personal view is that the high-performance goals of the program should be seen in terms of opportunities for Canadians "and the quality of those opportunities rather than medals."

On the question of doping in sport, Mr Kidd was quite specific. He stated that Canada must recognize that doping is a major problem. He described it in terms of a moral crisis in sport. He also stated that Canada must recognize the pressures it puts on its athletes through the method of funding. Athletes feel they are competing not only for themselves but also for the future of their sport. They fear if they do not win a medal or score high enough on the international list, government funding for their sport will be cut back. The pressure this system creates will not necessarily lead athletes to cheat, in his view, but it may. He calls it "unfair pressure," unnecessary in a proud and rich country like Canada. He commented:

> I think we have to recreate the moral basis of sport. You know it is almost as if the exchange value of sport today is the only value. As we heard other people say . . . if you win you are a hero and you make millions, if you lose you are a bum.

These sentiments were echoed by Andy Higgins, a prominent track and field coach. Mr Higgins has always been associated with drug-free sport in his own career as an athlete and subsequently as a coach. His particular involvement with the high-performance centre at the University of Toronto and his dealings with the CTFA are dealt with elsewhere.

Mr Higgins commented that, in the late 1980s, Sport Canada and other official sport bodies, such as the COA, seemed to be sending contradictory messages to athletes and coaches. On the one hand, the message was that Canada wished to have clean and honest athletes. On the other hand, performance levels were set so high that they were totally unreasonable for clean athletes. The coaches were fully aware of the ambiguity and felt the resulting pressure on themselves and the athletes.

Mr Higgins believes we must ask ourselves why we engage in sport and what we seek to get out of it, rather than striving solely to be in the top eight in the world. Breaking records is only one aspect of sport:

> There is little value in the world or to anybody in being able to project 16 pounds of metal some distance through the air. I mean, we have machinery today that can make it go much further, so just projecting metal through the air some distance is an absolutely useless activity, and one of the first things I taught the young people about is what is the point then in putting a shot far or running around a track or jumping out into the sand, and I think that's a discussion that has to be generated from the very beginning.

> It's a discussion that should be generated in our country. It should come from the top. We should understand why we are doing sport, and the only value, it seems to me, is what happens to the individual in the process of trying to make that piece of metal go as far as he is capable of making it go. Because once one commits to that kind of endeavour, then all kinds of possibilities begin to arise. We are going to meet all the challenges that many of these athletes spoke about, and they will come in minor ways and in major ways, and at every challenge we are faced with options.
>
> It seems to me the value of sport to the individual and to the country is to help young people to make the choice that will make them stronger when you meet the challenge, and not go the easy route, not to take what I refer to as the "fear choice."

Mr Higgins deplores the current emphasis on winning as an overly superficial approach to sport. As he puts it:

> The problem with winning is it's a limiting concept . . . three major problems stand out right away.
>
> The first one is that for many of us, it's just not possible. We know that. We're just not fast enough, we're not strong enough, we're just not gifted with coordination or the skills of somebody else, whatever it is. So winning becomes an unreasonable possibility and we don't do sport. The second one is that we may have the ability to be very close to winning and then it puts a terrific — and undue pressure on the game . . . because of all the values attached to winning, we might then . . . do anything to win . . . when the focus is on winning. And the third one is that for many of the gifted people . . . [they] suffer because they win too easily, and particularly as youth, they don't develop skills, they don't develop training attitudes . . . and by the time they come to quality coaching or whatever, there are not only attitudes regarding winning and what success is all about to deal with, but there is this problem of the lack of skills or bad skills that have been developed because one could do almost whatever one wanted technically and beat other people.

Mr Higgins stresses personal excellence, which is possible for everyone. It precludes cheating but it does not preclude winning.

Many athletes currently competing are carrying forward the ideals espoused by Bruce Kidd, Bill Crothers, Andy Higgins, and others. Some do so in a quiet personal way, training and competing drug free. Others speak out against drugs and try to educate athletes to move to drug-free sport. Still others work within sport organizations to combat drugs in sport.

Lynn Williams has been a full-time athlete since 1984, competing in cross-country, 1500, and 3000 metre events. She has been a member of Canada's national track and field team since 1983. She was an Olympic medalist in 1984 and a member of the Olympic team in 1988.

Ms Williams described the frustration created by the belief that other runners in her sport are using performance-enhancing drugs:

> There's been traditionally a tremendous dominance — tremendous predominance of Eastern Bloc women, middle distance runners, in terms of world rankings as well as all the international events. And, you know, you hear the rumours. And like you say, you begin to believe them whether you have any proof or not.
>
> So, there has been a certain amount of frustration. You wonder . . . what does it take . . . to beat these people.

She commented that, despite improvements in her own performances between 1983 and 1988, she does not seem to be able to close the gap between herself and the competitors ahead of her. Why does she continue to run? She describes it in terms of a personal battle. She competes largely against herself, trying to do the best she can:

> So, in dealing with that frustration, though, let me at them, I will come back again and just give it my best shot each time round.

Instead of looking solely at what she can get from sport in terms of medals she realizes her participation has bettered her life:

> But what happened is I sort of found myself all of a sudden realizing, wait a minute, you know, sport has done so much for me as an individual, taught me so much. There is no greater feeling than, you know, giving something your very best, putting forth your very best effort. And it doesn't matter what the outside circumstances are. And, you know, that's what it means to win really, is to — is to just give your very best.
>
> And none of that has changed in spite of everything. We have known what we have been up against for years. There is really nothing new here. As athletes, the public has been shocked, we have been shocked in our hearts, I suppose, but it's nothing — nothing new.

These sentiments were echoed by Dave Steen, the winner of the bronze medal in the decathlon at the Seoul Olympics. Mr Steen made a personal commitment not to use drugs. He has spoken out against drugs and has been an effective role model for younger athletes. In order for more athletes to accept drug-free sport, it is his view that sport needs a moral overhaul:

> I think we have to get back to maybe some of the original ethics and morals of the sport. I think that's the only direction we can head. If we have the young people coming into the sport with a different attitude about it, that will make the difference.

Angela Bailey, a well-known Canadian sprinter, also testified before the Commission. Much of her sprinting career was spent in the shadow of Angella Issajenko. Despite Ms Bailey's suspicions that her rival's performances were drug induced, Ms Issajenko continued to win medals without a positive doping control test. The number two position was not easy for Ms Bailey to accept, but she kept competing. She is outspoken in her criticisms of athletes who take drugs; she was under the same pressures and subject to the same temptations. She was determined to compete clean no matter what the cost:

> I really firmly believe that if you are going to cheat to win then it is just not worth it.
>
> I always like to stand out as an individual and even if I had to stand alone and compete that was good enough for me to compete and win my way.

Ms Bailey pointed out that the use of performance-enhancing drugs in track was growing. At the start of her career in the late 1970s, drug use by sprinters was minimal. This had changed in the 1980s. Athletes were no longer competing on a level playing field. She began to question the reasons for competition:

> And I believed if it was getting to this point where athletes were going to do anything and everything to win, then it didn't [matter] whether you were born with natural talent any more. You could just go to a pharmacy and be the fastest athlete in the world. If that was the case, I wasn't willing to compete any more.

Ann Peel is an athlete who has identified herself with the antidrug movement by joining a track club for clean athletes only. Members of the Top Form Track and Field Club must be drug-free athletes who are willing to help educate athletes and members of the public against the use of performance-enhancing substances in sport. Ms Peel's sport is race walking. Anabolic steroids are not widely used in race walking but the banned practice of blood doping was rumoured to be common in Europe.

Ms Peel pointed out how athletes are negatively affected by the belief that their competitors are using banned substances, or engaging in banned practices. She believes athletes too easily seize on such rumours to explain their own lack of success:

> I've become concerned lately that a lot of athletes will use the fact that other people may be taking steroids or other banned substances or engaging in banned practices as a crutch for their failure to be the best in the world themselves, to tend to look at everybody [ahead] of them and say they're all on something. And I haven't wanted that to happen to me.

Milt Ottey, a Canadian high jumper, is one of the quiet clean athletes. He spoke poignantly of what his sport and competition had brought to his life. Although he was pleased personally with his own performances, he was tired of having them compared with outstanding performances that were drug induced:

> It is very hard to, you know, stand next to somebody . . . and think to yourself, yes, I am going to do this clean and watch your performance look . . . mediocre when in essence your performance is really very good.
>
> And it is a thing that you got to look within yourself. I found out [that] is the reason why you are doing this sport. Is it because of the financial gains or because you start doing it because you love doing it.
>
> I personally love track and it did a great deal for me as far as myself, my self esteem, my confidence within myself because if you look back in my — when before I even started track, I was very shy, my self worth was nowhere, really. I didn't know what I was going to do with my life.
>
> So, my decision not to take drugs was because I did not want to take away from anything that I have already accomplished.

A personal sense of satisfaction at doing one's best is increasingly difficult to hold on to in a world that measures success only by outer standards. Mr Ottey touched on the media's role in this process in describing a conversation he had with a newspaper reporter in 1986 just after he had broken the Canadian record. Everyone was crowding around him, congratulating him. He was feeling proud and happy until a newspaper reporter commented, "You know, Milt, that's nowhere even close to a world record, is it?" The moment was spoiled for Mr Ottey. The newspapers the next day had only minimal coverage of his victory.

Mr Ottey views the media as fostering the public attitude that only victory and broken records are worthwhile, rather than individual accomplishments. The Commission got a taste of this when the press gave ample coverage to athletes who admitted steroid use but little or no coverage to athletes who had competed without drugs. Their testimony was all but ignored. Far from being of no interest, these athletes are the only hope for the future of sport.

Some clean athletes send out their message by speaking out against drugs on an individual basis. Others, such as Ken Read, a prominent Canadian downhill skier in the 1970s and 1980s, work within existing sport organizations to promote drug-free sport and severe penalties for users. Since his retirement from sport, Mr Read has worked within the COA and IOC as a spokesperson for athletes promoting drug-free sport.

Athletes competing at the Olympic Games had no formal voice until the mid-1980s; however, prominent individuals spoke out against doping prior to that time. In 1982 British runner Sebastian Coe, on behalf of other athletes at an Olympic Congress held in Baden-Baden, West Germany, called for a lifetime ban of athletes, coaches, and doctors involved in doping. The IOC Athletes' Commission was formed following this congress to advise the

IOC on matters affecting the athletes. In 1984 the Athletes' Commission circulated a brochure at both the Los Angeles and Sarajevo Olympics, requesting that the IOC impose severe penalties for doping.

Mr Read became a member of this commission in 1985 and attended a meeting in Lausanne that October. Following the meeting, the commission released a statement:

> The IOC Athletes' Commission at its meeting in Lausanne on the 6th and 7th of October 1985 expressed great concern for the increasing incidence of doping.
>
> Doping remains a significant problem that blemishes the Olympic Movement and all athletes. The IOC Athletes' Commission repeats its appeal on doping taken at the IOC Congress in 1981.
>
> More specifically, we call for the institution of the following:
>
> 1) Education programs designed to inform athletes, coaches and administrations of the dangers of banned drugs, alternatives to banned drugs for therapeutic uses, and doping control procedures.
>
> 2) International and national doping control through random testing in competition and particularly in training.
>
> 3) World Olympic records to be recognized only in conjunction with doping control.
>
> 4) A lifetime ban from the Olympic Games for any coach intentionally found guilty of a doping violation.
>
> 5) A lifetime ban from the Olympic Games for any athlete intentionally found guilty of doping.
>
> 6) We suggest that all sponsorship contracts include a clause strictly forbidding the use of banned drugs and obliging the contract partners to take sanctions in the event of a violation.
>
> In conclusion, we find doping to be a breach of the rules of fair play and ethical principles of the sport. The health of all athletes must remain a primary concern of all partners in the Olympic movement.

Since the athletes perceived there had been little movement against doping in the international sport community, they wished the IOC Athletes' Commission to reiterate the strong stance taken in 1982 by Sebastian Coe. Of particular concern to the athletes was the multiplicity of penalties of varying severity that could be imposed on athletes who tested positive for banned substances. The IOC Athletes' Commission adopted a proposal prepared by the IOC Medical Commission to rationalize penalties. It recommended a range of penalties, including a lifetime ban. The IOC Athletes' Commission circulated this proposal to athletes at both the Calgary and Seoul Olympics in 1988.

The Athletes' Commission then relaxed its stance somewhat because it finally saw movement on the issue by the IOC. At the 1988 Seoul Olympics, the IOC Athletes' Commission prepared a document known as the Seoul Declaration:

> Olympic athletes gathered in a meeting on the 27th of September, 1988 in the Seoul Olympic Village hereby declare:
>
> We acknowledge with great disappointment the doping cases during the 1988 Olympic Games in Seoul.
>
> The athletes and officials involved have not only broken the rules, risked their own health, but have also damaged the image of all athletes competing in the real spirit of fair play.
>
> Therefore, we strongly support the position taken on doping by the IOC Athletes' Commission since 1981, and appreciate the firm statements taken by IOC President Juan Antonio Samaranch on the issue.
>
> We share the ideals laid down in the Olympic Anti-Doping Charter and urge all partners in sport throughout the world to implement this program.
>
> In conclusion, we confirm our main positions:
>
> 1. We call for the establishment of unannounced random testing for athletes in training and competition on an international basis.

2. We call for a full inquiry of each doping case, to review the involvement of all concerned, including the athlete, coach, and administrators, and call for severe punishment for those found guilty.
3. We call for more education for athletes, coaches, and administrators, to teach the dangers of performance-enhancing drugs and thus to prevent future doping infractions.

Whether the sport bureaucracy will respond to the athletes' call for reform remains to be seen.

In a column that appeared in the magazine *Champion* in the fall of 1988, Mr Read stated, in part:

> Athletes are role models to millions of children, which makes our actions much more than those of just individuals. We have a responsibility to be worthy leaders of society and healthy role models.
>
> Canadians have invested heavily in the development of our sports system, either through direct government support through Sport Canada or indirectly from the benefit of sporting facilities in our communities. Canadians have a right to expect their representatives in sport to adhere to the rules of the game . . .
>
> Since the vast majority of athletes will never see drugs in sport, nor have any interest in using them, we must not tolerate their use in Canadian sport. We can call for effective legal sanctions against steroid distribution and use for reasons other than medicinal purposes. We can call for the medical profession to implement effective ethical standards. And we can ask our sports officials to provide leadership in the international sports community, to clean up international sport so there is no imagined need to use performance-enhancing drugs to compete against the worlds' best.
>
> All of us must play an active role if we are going to establish effective measures to combat drug use. But perhaps most importantly, we must speak out to regain public confidence in amateur sport and in our athletes who devote years of individual effort to representing our country.

In the meantime, clean athletes will continue to train and compete true to their personal code of ethics. Robert Armstrong, in his closing remarks as Commission counsel, described their situation well:

> I want to say a word about the victims of drug abuse in sport — there are many. Those athletes who attempt to beat the system by taking performance-enhancing drugs are victims of their own dishonesty. While they cheat others, they cheat themselves because they will never know just how good they can really be. There are many other victims of drug abuse in sport but none is a greater victim than the athlete and coach who have competed drug-free — who played the game by its rules. We have heard the eloquent testimony of many of them. You know who they are — those people who have had the guts and determination to run, to jump, to throw knowing that the only satisfaction to be gained was to be the best that they could be, whether in the end they stood on the podium with a medal around their neck or simply walked off the field to no more than a hot shower.

The real heroes of the lengthy battle to eliminate the use of performance-enhancing drugs and other banned practices in sport are those coaches and athletes who refuse to engage in such practices. They faced the same temptations and the same pressures as those who cheated, but they refused to succumb. They realize that there is something more to sport than the mere winning of medals, and, if sport is to survive, heed must be given to those moral and ethical values which form such an important part of its definition.

The witnesses who were called to give this message represent, I am satisfied, the vast majority of Canadian coaches and athletes. They also demonstrated that one can be competitive without cheating, even when competing against those who do cheat. They recognize that cheating tarnishes the reputation not only of the individuals who have cheated but also of sport itself and of those athletes who have played the game according to the rules. Unfortunately and unfairly, through guilt by association, the cheaters have made all athletes suspect.

It is time for the voices of those who have consistently fought against the use of drugs in sport and other means of cheating to be heard. They are the ones who are best able to carry to our young Canadians the message of the values of sport and what sport can mean to them in their future life. They should be the role models for young Canadians to follow.

24

Athletes' Rights

DRUG TESTING

For many years sport federations, both nationally and internationally, have incorporated drug-testing provisions into their eligibility rules. Initially these rules provided for drug testing at competitions only. More recently, in light of the evidence that random unannounced testing is necessary to detect the use of banned substances, many national and international federations have required athletes to agree to submit to some form of random testing. Athletes who refuse to do so are not eligible to compete. Where enacted, the rules apply to all athletes who desire to compete.

The overwhelming majority of athletes not only agree to be tested but consider testing to be protection against unfair competition by others and proof that they themselves obey the rules. Ken Read, a member of the IOC Athletes' Commission, stated the athletes' view this way:

> [A]thletes should be given the rights of due process and natural justice in any proposal and so on, but I think that at the most basic level, an individual's participation in sport is not a right but a privilege, and as such, as a privilege you are subject to the rules. And one of the rules is that you, and that's not just the athlete that's the coach, that's everyone participating in that, you are subjected to the rules. And one of the rules is that you don't use performance enhancing drugs.

Even those athletes who have used drugs testified that they would welcome an effective testing program which would eliminate drug use by all athletes and thus ensure a level playing field.

It is to be observed that an individual's participation in sport is not a right but a privilege, and as such it is subject to the rules governing the sport in which the athlete wishes to participate. Athletes must abide by the rules of sport. Those who are refused eligibility because they will not agree to abide by the rules are not being deprived of any right.

Sport Canada's payments to the athletes are *ex gratia*, and no athlete is entitled by right to be funded. Athletes are required as a condition of funding to enter into an agreement with their sport federations in which they expressly agree that they will not use or be in possession of anabolic steroids and are required to make themselves available for both regularly scheduled and random doping control test procedures. If an athlete is denied funding for refusing to comply with the conditions for funding, the athlete is not being denied any right.

Concern has been raised by witnesses in this Inquiry and in published reports about whether random testing is an infringement of the rights of the athletes as citizens of

Canada. Several recent legal challenges by collegiate athletes in the United States, under constitutional laws significantly different from those in Canada, may also have contributed to questions about the legal validity of random drug testing.

Among those expressing concern has been Canada's privacy commissioner, John Grace. In his 1988–89 annual report to Parliament, with reference to the Charter of Rights and Freedoms, he wrote:

> If privacy is to have any meaning in the 90s and beyond, great care must be taken to ensure that effective limits are placed on new, more intrusive means of information collection. Yet as we end the 80s there are indicators that the policy-makers may not be so inclined.
>
> Some officials testifying at the Dubin Inquiry strongly advocated mandatory, random and unannounced urine testing of federally-funded athletes. While a strong case can be made for such testing, it is troubling that a government policy, even in a well-defined area and with tacit consent of the athletes, appears to ignore a concept which is fundamental to individual privacy — the presumption of innocence. The need to prevent intrusions into private lives, unless there is a specific and reasonable suspicion of wrongdoing, has been clearly articulated by the Supreme Court as part of Canada's Charter of Rights and Freedoms. It has only been compromised in rare instances to protect life — instances such as random, roadside alcohol tests.
>
> Yet, in the case of athletes, the country's offended national pride seems to be widely accepted as sufficient reason to ignore a fundamental principle of freedom. If we can justify the intrusions necessary to test athletes, and perhaps Mr. Justice Dubin will conclude that we can, will it not become easier for employers to justify intrusions into the bodies of their employees or potential employees? Canada's inquiry into drug use by athletes may have an impact on our philosophy of individual privacy which will not end in the sports arena or at the locker room door.

With the greatest respect, the issue of random testing does not engage the provision of the Charter of Rights and Freedoms concerning the presumption of innocence. The provision with respect to that presumption reads in part as follows:

> 11. Any person charged with an offence has the right . . . (d) to be presumed innocent until proven guilty according to law in a fair and public hearing by an independent and impartial tribunal[.]

The right to presumption of innocence has no application to issues of drug testing in sport.

PRIVATE SPORT ORGANIZATIONS

The rules enacted by various national sport organizations relating to drug testing apply not only to government-funded athletes but also to all members of the organizations. They are universal in their application.

In determining the rights of athletes with respect to the national sport organizations, the relevant provision of the Charter is section 32, which reads:

> 32. (1) This Charter applies
>
> (a) to the Parliament and government of Canada in respect of all matters within the authority of Parliament including all matters relating to the Yukon Territory and Northwest Territories; and
>
> (b) to the legislature and government of each province in respect of all matters within the authority of the legislature of each province.

Section 32 of the Charter has been interpreted by the courts as limiting the application of the Charter to what may be described broadly as governmental action.[1] The Charter does not apply to the private activity of independent sport federations. It has also been held that the mere fact that sport organizations are partially funded by government is not a sufficient connection to government to bring otherwise private action within the language of section 32 of the Charter.[2] Thus, the rules of the national sport organizations that require athletes to agree to random testing as a condition for eligibility are not affected by any provision of the Charter.

Human Rights Legislation

Unlike the Canadian Charter of Rights and Freedoms, human rights legislation enacted by the Province of Ontario has been held to apply to private sport organizations. Similarly, legislation in other provinces may well have the same application. These statutes set out enumerated grounds of discrimination. To require all athletes within a sport federation to agree to random testing as a condition for eligibility could not, in my opinion, be viewed as discriminatory.

In my opinion, the rules of national sport organizations which require the agreement of the athlete to be tested, as a condition of eligibility for competition, do not violate any provision of the Charter of Rights and Freedoms or human rights legislation.

SPORT CANADA FUNDING

In contrast with the rules of private organizations, the requirements by Sport Canada that all athletes, as a condition of funding, agree not to use prohibited drugs and that they will make themselves available for both regularly scheduled and ad hoc test procedures could be viewed as governmental action. A general government requirement for mandatory drug testing without consent could in some circumstance be subject to a Charter challenge on the basis that it may be an unreasonable search contrary to section 8 of the Charter. That section reads:

> Everyone has the right to be secure against unreasonable search or seizure.

Whether such a challenge in some or all cases would be successful remains to be seen.

In the case of drug testing under Sport Canada policy, however, Sport Canada has a right to impose conditions for funding. When an athlete agrees to the conditions, random testing is not mandatory in a true sense. It is consensual. In my opinion, drug testing under such circumstances and having regard to its valid purposes cannot be viewed as an unreasonable search contrary to the provisions of section 8 of the Charter.

Nor can the conditions of funding imposed by Sport Canada be viewed as discriminatory within the meaning of section 15(1) of the Charter, which reads in part:

> Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

The rules relating to drug testing are universal in application and are not based on any of the grounds enumerated in section 15(1) or grounds analogous thereto. Nor are those rules discriminatory in their effect.

In my opinion, the requirement by Sport Canada that athletes make themselves available for random testing as a condition of funding does not violate any provision of the Charter of Rights and Freedoms.

OTHER CONSIDERATIONS

Apart entirely from the issue of the validity of drug testing, however, the rights of the athletes are a matter of serious concern and must be addressed. At present athletes tested under the auspices of the Sport Medicine Council of Canada have the right to appeal a positive test "on the basis of technical administrative grounds which may have jeopardized the integrity of the sample." Internationally, rights of appeal vary according to the sport organization and the particular competitions involved.

In the context of privacy protection, the potential exists for misuse of information gained through athletic testing. Examples include the release to the news media of a positive result for an A-sample before the B-sample has been confirmed and, more generally, the release of incorrect information. Athletes have had their reputations damaged only to learn that ultimately they passed the drug test. Of serious concern would be the release of information about use of "street drugs" with the potential for criminal liability. Other forms of misuse of information are actions taken on the basis of drug use that is not banned and release of personal information learned in the process of drug testing.

The drug-testing procedures, like all human endeavours, are not perfect. There was evidence in this Inquiry that at times the A-sample was positive for banned substances but the B-sample was not. There was also the remote possibility of an athlete's being falsely accused, as in the case of the testosterone-to-epitestosterone ratio when the athlete's natural levels are higher than those accepted by the laboratories. Another example of the acknowledged imperfections in the system was the evidence of the ban and then removal of the ban on a component of a certain type of birth control pill.

The IOC-accredited laboratories are reluctant to have the accuracy of their tests challenged. They have a legitimate concern that releasing technical information would allow athletes interested in cheating to benefit from that information. Athletes whose futures are affected by drug testing should, however, be allowed to know the criteria used to judge them.

These issues were addressed in the "Model for a National Anti-Doping Program," presented by Abby Hoffman on behalf of Sport Canada to the First Permanent World Conference on Doping in Sport in 1988, in which the following procedural rights were proposed:

i) Compliance with written Standard Operating Procedures Guidelines during all phases of the testing process

ii) Provision of information to athletes during the administration of doping controls

iii) Confidentiality of test results until after verification of the B-sample

iv) Description of the investigative and appeal mechanisms in the Standard Operating Procedures Guidelines

v) Maintenance of an appeal system which permits challenge to the integrity of the sample-taking and testing procedure to ensure that the ownership of the sample and untampered-with status of the sample are guaranteed

vi) Maintenance of an appeal system which permits challenge of the scientific basis for claiming a doping violation has been committed

vii) Provision of appeal opportunities both within the sport system and ultimately through genuinely independent mechanisms outside of sport

viii) Provision of investigative procedures which ensure that those who may be involved in doping infractions in addition to the guilty athlete are investigated and penalized

ix) Provision of a review procedure which permits discussion of the circumstances surrounding a doping violation before the imposition of any discretionary penalty.

It is noteworthy that the foregoing model, among other matters, recommends that challenges be permitted not only to the integrity of the procedure but also to the scientific basis, something which has so far not been permitted in Canada. It is unfortunate that the "Model for a National Anti-Doping Program" has not yet been put into practice.

Apart from drug testing, it is urged that all athletes who have been subjected to disciplinary action should be afforded the right of appeal in accordance with the principles of natural justice.

John Brewin, member of Parliament, in his submission to the Inquiry endorsed the concept of a bill of rights for athletes and in particular called for a grievance process analogous to that provided for unionized employees. Bruce Kidd extended the argument further, stating that Olympic athletes should not only have the rights of employees but should also be paid as civil servants representing Canada abroad. Alternatively, he would have them receive substantial grants comparable to Canada Council arts grants for major artists. He, among others, would solve questions of athlete rights by giving athletes steady wages, vacation pay, limited working hours, overtime, pregnancy leave, pay equity, and collective bargaining rights.

My conclusions on this issue are dealt with later in the report.

25

Ethics and Morality in Sport

We look to sport to build character, to teach the virtues of dedication, perseverance, endurance, and self-discipline. Sport helps us learn from defeat as much as from victory, and team sports foster a spirit of cooperation and interdependence. We look to sport to impart something of moral and social values and, in integrating us as individuals, to bring about a healthy, integrated society:

> Sport, through the discipline which it requires, brings home the necessity of order and the benefits of voluntary, organised effort. The team activity often involved in sport develops a respect for the loyally established hierarchy, a sense of equality, solidarity and interdependence. Sport is undoubtedly an excellent apprenticeship for human relationships: a remarkable school of sociability.[1]

> Sport can be used to teach a great number of desirable things: how to master skills and the satisfaction that follows; good general work habits and cooperation; how to break down racial and class prejudices; how to build respect for and responsibility toward other people.[2]

It is not surprising, therefore, that many of our current leaders in the political, social, and community life of Canada have benefited from the experience they gained from athletic competition.

There is no doubt that sport has a meaning, purpose, and value that transcends the merely physical and that it is an important part of the culture of our society. It contributes so very much to the health and character of those who participate, arming them with essential tools that will help them meet the challenges that life inevitably presents.

It is for those reasons that the Government of Canada is a financial contributor to amateur athletic competition in Canada. It provides funding for the national sport organizations, paying for the coaches and other support staff and, together with provincial and municipal governments, provides facilities for training and competition. In addition, in order to permit our leading athletes to pursue their academic studies while training for athletic competition, the Government of Canada supports them financially by a modest monthly allowance and provides funds to be used for higher education.

Canadians who compete internationally are said to be ambassadors for Canada throughout the world. As such, they should be representatives of the principles Canadians value. Cheating is not one of those principles.

If athletic competition is to be pursued for less worthy objectives, and if the winning of a gold medal at all costs — including cheating and with unacceptable risk to the health of the athletes — is the only object of the exercise, then there can be no justification for continued public financial assistance.

If ethics, morality, and the sporting ideal have no place in the future of athletic competition, and if public funds are being used by our athletes for drugs and for other banned practices, financial support should not be continued because such practices defeat the very objective and justification for the expenditure of public funding.

It is said that athletes cheat for many reasons: media pressure to win (the "gold, gold, gold" syndrome); the prevalent attitude that doping is necessary to be competitive; community expectations about international competitiveness of Canadian athletes; the huge financial rewards of winning; the desire to be the best in the world; the system of graduated payment to athletes based on performance (carding); coaching that emphasizes winning as the only goal; condonation by national and international sport organizations of unethical practices; the character of the athletes themselves; and the development of spectator sport:

> It is impossible to deny, that the development of spectator sport has turned attention away from the moral value of sport for the individual towards its entertainment potential. For the mass of people, sport has become a form of entertainment of which they are mere spectators; radio and television spare them even the trouble of getting to the sportsground. The success of spectator sport and the importance it has come to assume in everyday life are unfortunately too often exploited for purposes alien or even opposed to sport — commercialism, chauvinism and politics — which corrupt and deform it. *If we want to save sport's soul, the time has come to react and react quickly.*[3]

While acknowledging the existence of all of those factors and their undoubted effect on Canadian athletes, there can be no justification for athletes to cheat in order to win.

The pressures and temptations are the same for all athletes, yet most do not succumb. Those who do show a lack of character. Sport is intended to build character; cheating destroys it. I agree with those who say the problem is not educational, not economic, and not social — but moral.

WINNING, LOSING, AND THE SPORTING IDEAL

Baron de Coubertin, founder of the modern Olympic Games, said at a meeting of the Union des sports athlétiques at the Sorbonne on November 25, 1892:

> Before all things it is necessary that we should preserve in sport these characteristics of nobility and chivalry which have distinguished it in the past, so that it may continue to play the same part in the education of the peoples of today as it played so admirably in the days of ancient Greece.[4]

Sportsmanship was the ideal upon which the Olympics was founded. According to the Olympic Charter, one of the aims of the Olympic movement is "to promote the development of those physical and moral qualities which are the basis of sport."

How has it come about, then, that many of those who symbolize Canadian hopes and aspirations for sport have resorted to cheating? Why are the rules that govern sport often regarded as obstacles to be overcome or circumvented, rather than as regulations designed to create equality of competitive opportunity and to define the parameters of the sport? The answers will not be found if we focus only on the individuals involved. We must examine how Canada as a society has allowed, suffered, or connived at a climate in sport in which the only good is perceived to be winning, and the manner of doing so of no consequence:

> We have created a society where if you win, you are a hero, even a god. But if you lose, you are much more than a non-winner, you are a loser.[5]

In 1972 Abby Hoffman represented Canada at the Olympic Games in Munich. In every heat she broke the previous Canadian record. Eight of the best athletes in the world made the finals, and Ms Hoffman was one. She came eighth. One media headline reporting this remarkable achievement read: "Abby Hoffman last." At the 1988 Winter Olympic Games in Calgary, Brian Orser established himself as one of the best figure skaters in the world. He came second in the competition, and one newspaper report read, "Orser loses." Angella Issajenko's remarkable achievement to be ranked as the fifth best female in the world in her first international season in track and field was reported as "disappointing." When Milt Ottey broke the Canadian high-jumping record, his moment of achievement was deflated when the media immediately pointed out to him that he had not broken a world record. There are many similar examples.

The public also places pressures on athletes beyond the expectation that they should win every competition. Why do Canadians expect so much of athletes? Why should those possessed of unusual physical talents be expected to bear the burden of our collective need for the heroic? We do not demand this of others, but only that they be competent and abide by the ethics of their particular vocations. We do not ask that young scientists all become Nobel Prize winners, nor do we provide potential Nobel Laureates with intensive, specialized training, funding, coaching, equipment, and facilities. These are only available as an adjunct to programs of wider application in universities and colleges, and as part of overall education funding.

Why has winning, being first, come to mean so much that, in the minds of some of our athletes and sport professionals, all other benefits and goals of competition are devalued by comparison? In showering the winner with praise, adulation, and substantial financial rewards, we have failed to recognize the equal efforts of those who also competed at this high level. Coach Andy Higgins of the University of Toronto added some perspective when he said at the Inquiry:

> To be among the top 100 in the world in a single discipline, is definitely a world class performance. If one can be in that select group of the top fifty, that's great. To be the sixteenth in the world or the eighth in the world, is exceptional . . . [H]ow many of us in this country in any activity, in any profession are among the top 100 in the world in anything?

If the slogan "winning isn't everything, it's the only thing" is acceptable, then everything is permissible in order to win. If Canadians truly believe that, then as a society we are indeed morally bankrupt.

If winning is the only goal, then Canadians applaud not the best athlete but the best cheater. The contest becomes one between doctors and biochemists plotting their strategies, perhaps in a clandestine laboratory, and the athlete becomes a tool of technology. The health of the athlete is put at risk, and all other entrants are excluded from fair competition unless they too submit to the use of chemically induced aids. The most ingenious chemist then propels the athlete to victory.

We live in an era when the genetic and chemical manipulation of life forms has become commonplace. There is an acceptance that the body can be "improved" by surgical, chemical, and even mechanical means; that the body can be trained to perform tasks of superhuman strength, speed, and agility:

> Every sport now involves a fantastic *manipulation of human robots* by doctors, psychologists, bio-chemists and trainers. The "manufacturing of champions" is no longer a craft but an industry, calling on specialised laboratories, research institutes, training camps and experimental sports centres. Most top-level athletes are reduced to the status of more or less voluntary guinea pigs.[6]

I do not believe that Canadians want their athletes to be treated or to treat themselves in this unnatural fashion as a means of winning in athletic competitions. Victory at such a cost is too dearly bought.

I am satisfied that the slogan "winning isn't everything, it's the only thing" does not represent the standard of morality and ethics which Canadians expect of their athletes. There is sufficient evidence from sport philosophers, coaches, the public, and athletes themselves that such is not the case. Indeed, the strongest opponents of drugs and cheating are the athletes and coaches who do not engage in such practices, but whose own reputations have been blemished by the doubt cast on all athletes by the conduct of the few who do cheat.

THE PURSUIT OF EXCELLENCE

No one can quarrel with the concept of excellence. To be the best we can be, in any activity, is unquestionably a worthy goal. Canadians foster and support this commitment to excellence in athletics by funding elite athletes through the carding system and through high-performance centres. We must examine what we mean by excellence and what message we are conveying when we extol it. The pursuit of excellence does not mean that we want our athletes to win at any cost and in spite of considerations of ethics and fair play.

True excellence is not simply an objective standard, such as winning a gold medal. It must be measured by the athlete performing to his or her own natural ability. It precludes cheating, taking an unfair advantage over other contestants. It is attainable by every contestant who competes at his or her maximum effort, and within the rules. As Saul Ross of the Department of Physical Education, University of Ottawa, described it:

> Striving to win involves total effort, doing one's best, within the rules of the contest. A commitment to that position, which ensures true competition, does not entail the adoption of the winning-is-the-only-thing attitude. Striving to win and regarding victory as the only acceptable thing are two different positions.[7]

It has been suggested that the competition to achieve carded status, and the funding that goes along with it, is one of the pressures that induces athletes to cheat. I do not accept the argument that providing support for athletes to allow them to achieve their full potential is inconsistent with excellence, nor is it a corrupting influence. The amount of funding athletes receive from Sport Canada is dependent on their demonstrated ability to compete at certain levels in international competition. Many athletes claim those standards are set by athletes in other countries who have used performance-enhancing drugs. In order to meet those standards, and receive the funding to which they believe they are entitled, they claim they too must use these drugs. In using performance-enhancing drugs or engaging in other banned practices to obtain funding, those athletes cheat the majority of Canadian athletes who refuse to do so.

It is faulty logic to assert that a lowering of standards would discourage cheating. If the standards were reduced, the temptation would still be there. The threshold is simply lowered. The athlete who cannot meet the lower standard would then be in the same position as the athlete today who cannot meet the higher standard. Those athletes who have resorted to the use of banned drugs to enhance their performance would not hesitate to do so as a means of qualifying for funding under the lower standards. I am satisfied that athletes who use funding as an excuse for their conduct do so because of their inability to accept the limitations of their natural ability and because of a flawed system of values.

The funding system should be a reward and encouragement for excellence, not for winning. The flaw in the present system of carding appears to be that the emphasis is on winning and on using standards which can be met only by potential medal winners. This denies the opportunity for funding to an athlete who may be the best Canadian in his or her sport but who may not be a potential international medal winner.

In funding and supporting excellence, Canadians must be careful to ensure that they are not contributing to a situation where the best athletes are so narrowly focused on the physical aspects of sport and competition that they become ill-equipped to deal with life outside the sport community and the hot-house environment of high-level competition. The pursuit of excellence must be above the simplistic criterion of "winning" in the sense of being first, of being awarded a gold medal. What Canadians must fund and support is the opportunity for athletes to reach their full potential as human beings — and achieving their optimum level of sporting excellence is but one aspect of this potential.

It should also not be overlooked that even for the most successful athlete, an athletic career represents a relatively short period. Athletic training and success can be an important part of an individual's life, and the lessons and discipline of sport can be of great assistance in whatever career the athlete chooses.

THE ROLE OF THE COACH

It is impossible to underestimate the importance of the coach in the development of an athlete. From the youngest peewee player to the elite athlete, the coach is a pivotal character in the moral as well as the physical development of his or her charges.

The more intensive the training, the greater the opportunity for moulding the athlete's character and personal philosophy as it pertains to his or her athletic career. Elite athletes appear to cleave to their coaches as mentors, guardians, and, in some cases, almost as surrogate parents. They are fortunate indeed if their coach is concerned with their moral and intellectual development as well as their athletic training. Mr Higgins described the role of the coach in this way:

> I think coaching is probably, in the field of education, one of the most powerful influences possible . . .
>
> No where else in the whole area of education does anyone get into a relationship that can be as intense as high performance coaching where you spend a number of hours in a situation that is very emotional in the sense, there's a big commitment here and right after, the ultimate if you will, of which that human being is capable.
>
> So there is a potential for great influence and so the quality of the human being who's involved in the coaching process is everything.

Similarly, Dr Andrew Pipe places a high degree of responsibility on those involved in the training of athletes:

> We, you and I, share a fundamental responsibility to "care," in the most complete sense of the word for our athletes. Theirs is a vicarious, isolated and at times vulnerable existence . . . We live off their performances. Our responsibilities include protecting them from injury (and, at times, from themselves), providing

> them with appropriate treatment when they are injured and ensuring that they do not prostitute themselves in the course of their careers.
>
> *The care, training and athletic education of an athlete should be in accord with the highest standards of ethical behaviour and scientific knowledge.*[8] [Emphasis added]

Testimony given in the course of this Inquiry indicates that the coaching, training, and care of Canadian athletes runs the gamut of two extremes. One approach argues that it is not possible to achieve and maintain excellence in international competition without training that focuses only on winning and that involves the use of performance-enhancing substances. This philosophy demands the total commitment of the athlete to his or her particular sport, at the expense of a rounded, well-balanced education and preparation for life. The other approach upholds a philosophy of coaching that attempts to guide the athlete towards physical excellence while at the same time developing qualities and values that will ensure a balanced, integrated individual who is equipped to deal with all aspects of life. It is this second philosophy that we must support and encourage, embodying as it does reasons why sport can be such a force for good in individuals and societies. It is these reasons that justify the expenditure of public moneys on sport.

SPORT AND MORALITY

> Somehow in sport we have felt that ethics, and any consideration of ethical behaviour are outside our domain. That may prove to have been a very costly oversight.[9]

Why should ethics be important in sport? In every human activity, there must be a consideration of its effect on the participants and on society in general. Very few activities are value neutral. Sport must involve others, some directly as fellow contestants, others vicariously as spectators and educators. Sport touches every segment of society and is a powerful social force, for good or evil. It cannot, therefore, exist outside ethical considerations:

> [D]ecisions about sport are, by definition, ethical decisions because they do involve the welfare of individuals or groups . . . Too often they are made for other reasons. A large number of those other reasons are involved with the emphasis on winning and the entertainment value of sport. If these become the overriding purpose of an athletic program, decisions are made which will promote winning and entertainment rather than the welfare of the individual athlete . . .
>
> But, as in many cases of ethical or moral decision-making, there is conflict between personal needs and the needs of others. It is apparent that to some individuals, the win-lose record of their team is more important than the preservation of equality of competition, the welfare of athletes, or even the essence of sport.[10]

It is inconceivable that the Government of Canada would choose to fund any organization that carried on its activities without regard for moral and ethical considerations. This was clearly not the basis on which funding was granted, and in recent years considerably increased, to sport organizations and athletes in this country. Indeed, the raison d'être for government support of sport was precisely because of its all-pervading influence on the lives of Canadians. Regardless of whether the government funds sport or not, such a powerful influence on society must be a legitimate area for public and governmental concern:

> If an individual's value system serves as a base for all of his/her thoughts and actions, then as responsible citizens and adults they should be ensuring that mature, self-directed individuals emanate from these [sports] programs, or at least progress somewhat in the direction of moral development.[11]

Elite athletes are the most visible product of the sport system in Canada. They are a measure of the success of the system and of the intensified high-performance training they have received with the help of funding from the federal government. Most of them are a source of pride to all Canadians. Some, however, as we heard in this Inquiry, subscribe to the "win at all costs" approach to competition, and, by their failure to abide by the rules — by their cheating — they have displayed a lack of ethics that has brought dishonour to themselves and to Canada.

It is only when winning is the sole purpose of sport that ethics and morality are cast aside. Clearly, that is a warped view of sport and competition. Fortunately, it is not the view of the majority of athletes and others involved with sport in this country, and Canadians may therefore hope that this more balanced and healthy view of sport will prevail. Certainly, Canadians wish to impart fair sporting ideals to their children, for whom these elite athletes are such influential role models.

Quite apart from their influence on young people is the effect on the athletes themselves of disregarding ethical considerations in pursuit of competition gold. Personal integrity cannot be compartmentalized. It is not possible for an individual to act unethically in one area of life without infecting that individual's entire value system. We live in a competitive society, and an athlete who cheats in athletic events may carry this attitude over to the everyday world in which he or she must now compete.

In discussing the relationship between a lack of moral and ethical behaviour in sport and morality in general, one sports philosopher had this to say:

> And if it is true that there is a carry-over, and if it is true that the whole aspect of morality is abused, and if it is true that this form of participation leads to a truncation of moral development, then why is it that citizens are supporting these activities? Governments, in fact, are pouring millions of dollars into facilities and programs associated with these organizations.[12]

The condonation or acceptance of cheating in sport is another element that contributes to a dysfunctional society. There will always be those, in any activity, who are prepared to do whatever is necessary to achieve material success, by fair means or foul. In athletics, this means the fatalistic acceptance that there can be no winning without cheating or evading the rules, because "everyone does it." We must guard against this insidious notion.

As Bruce Kidd said in his testimony, Canadians must re-create the moral basis of sport. We must examine to what extent our expectations of our athletes have contributed to the current unacceptable situation in sport in Canada. We must examine, too, whether the programs supported by the federal government have contributed to the problem, and indeed whether the funds provided by the government are being utilized in a manner consistent with the fostering of those values and ethics which are so important to us as Canadians.

PART SIX

Conclusions and Recommendations

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Conclusions and Recommendations

OVERVIEW

At the first public session of this Inquiry, I posed these questions:

> Have we, as Canadians, lost track of what athletic competition is all about? Is there too much emphasis by the public and by the media on the winning of a gold medal in Olympic competition as the only achievement worthy of recognition?

In my opinion, the answers will in large measure determine the future of sport in Canada.

When I speak of sport in this context, I refer particularly to those sports of the summer and winter Olympics in which athletes compete nationally and internationally. These competitions include not only the Olympic Games themselves and the Pan American Games, both of which are held under the auspices of the International Olympic

Committee, but also the Commonwealth Games and numerous international meets held throughout the year under the rules of the various international sport federations. Canadian athletes also compete nationally under the auspices of national sport organizations that select the athletes who compete internationally. Many of these national competitions are designated as pre-Olympic events and as such are part of the Olympic movement and subject to the rules that govern the Olympics.

The fundamental principles of the Olympic movement are stated in the Olympic Charter as follows:

> 1. The aims of the Olympic Movement are:
>
> - to promote the development of those physical and moral qualities which are the basis of sport,
> - to educate young people through sport in a spirit of better understanding between each other and of friendship, thereby helping to build a better and more peaceful world,
> - to spread the Olympic principles throughout the world, thereby creating international goodwill,
> - to bring together the athletes of the world in the great four-yearly sport festival, the Olympic Games.

The charter also states:

> 3. The Olympic Games take place every four years. *They unite Olympic competitors of all countries in fair and equal competition.* [Emphasis added]

Unfortunately, the noble sentiments and lofty ideals proclaimed in the Olympic Charter are a far cry from the reality of international competition. This reality has not until recently been widely known, but the conspiracy of silence has now been broken and the truth revealed. Truth is not always pleasant.

The evidence in this Inquiry establishes that for many years in many of the Olympic events, Canadian athletes have resorted to performance-enhancing drugs and other banned practices, thereby gaining an unfair advantage over those who did not do so, and most of the cheaters have gone undetected. Those who have cheated have threatened the very future of sport and tarnished its reputation, perhaps irreparably. They have also unfairly cast a cloud of suspicion over the majority of athletes, who abide by the rules, and have threatened their future financial support from governments, corporations, and the general public.

But Canadian athletes are not alone. The use of drugs extends to the highest levels of international competition. It is a serious problem both in Canada and internationally. The brief submitted on behalf of the Canadian Olympic Association acknowledged that there is "a deep crack in the armour of the Olympic ideals: drug use at the highest level of sport." In my opinion, that is an understatement.

How is it that this sorry state of affairs has been allowed to continue for so long? We must consider whether there are other factors that have contributed to it — whether we, as a society, and those who govern sport must also share the responsibility.

Cheating in sport, I fear, is partially a reflection of today's society. Drugs and the unprincipled pursuit of wealth and fame at any cost now threaten our very social fabric. It is little wonder that immorality has reached into sport as well. Of course, cheating as such is not a new phenomenon in Olympic competition, but the methods used to cheat have become more and more innovative and more pervasive. Moreover, the use of drugs as the method of cheating has reached epidemic proportions.

We have placed pressures on our young men and women which have tempted them to cheat, even at the risk of their own health. I have detailed these pressures in this report. They afford no excuse to those who have cheated, since all our athletes are subject to the same pressures and temptations and the majority do not succumb. However, in determining responsibility, these factors cannot be overlooked.

The athletes who cheat must bear their full share of responsibility for the damage they have done to themselves and to sport, but they should not be held solely responsible. Until now the focus has been only on the athletes. It is obvious that a broader net of responsibility will need to be cast. Coaches, physicians, therapists, and others involved in the care and training of athletes cannot escape responsibility for the sorry state of sport today.

As a society we have created a climate in sport in which the only good is perceived to be winning and the manner of doing so of no consequence. Only the winner is accorded praise and financial reward without recognition of the outstanding achievements of those who also compete but do not come first. The role of the media in fostering and encouraging this narrow, superficial view of success cannot be ignored. I have detailed in this report the negative reaction by the media to outstanding performances by Canadian athletes that did not result in gold medals. This too has placed the wrong emphasis on what sport is all about.

If winning a gold medal in Olympic competition is the only achievement worthy of recognition, then everything is permissible in order to win. Such a proposition is completely unacceptable. But I do not mean to say that we must now accept mediocrity. We must strive for a true excellence, not the hollow victory of the cheater.

At its inception, participation in Olympic competition was available only to amateurs. That is no longer the case. Some participants are truly professionals; others are professionals in all but name. Indeed, in the high-profile Olympic sports, many participants devote virtually all of their time to sport to the exclusion of employment, study, or other vocations. In addition, significant financial rewards are available to them. The Olympic Games and other international athletic competitions have become substantial commercial enterprises, particularly with the advent of television. The financial rewards for those conducting competitions and potentially for the athletes who compete are now enormous. The athlete who wins a gold medal in international competition or breaks a world record in a high-profile sport can become a millionaire overnight from commercial endorsements and appearance fees. Commercialization of amateur athletic competition need not be a corrupting influence, but it does increase the temptation for those who are inclined to cheat.

The drugs of choice in recent years have been anabolic steroids. Not until the mid-1970s was a suitable method devised to detect anabolic steroids in a urine sample, but, for the most part, athletes were tested only at the time of competition. It was well known by those who were responsible for conducting the competitions that in-competition testing was not effective for detecting the use of anabolic steroids. The limits of testing were also well known to the athletes, as well as to the coaches, physicians, and others who were encouraging them to use the drugs. They were able to make a mockery of the doping control procedures and used those drugs with impunity.

The failure of many sport-governing bodies to treat the drug problem more seriously and to take more effective means to detect and deter the use of such drugs has also contributed in large measure to the extensive use of drugs by athletes. Added to the laxity of enforcement has been a laxity of investigation. When an athlete was detected using performance-enhancing drugs, only the athlete was disciplined and the incident was treated as an aberration. No inquiries were made about the circumstances under which the athlete took the drugs, and whether responsibility should also attach to coaches, physicians, or indeed to the athletic organizations themselves. Thus, no investigation was made into the true extent of the use of drugs and what influenced the athlete to use them.

The use of drugs and other banned practices to improve performance beyond one's own natural ability is cheating. Cheating is the antithesis of sport, but it is not the disease, only a symptom. The root problem is the lack of ethical and moral values. Ethical and moral questions have permeated all aspects of this Inquiry, and unethical and immoral behaviour has been apparent in many contexts. There is a moral crisis in sport. We are at the crossroads and must decide whether the values that once defined the very meaning of sport still have meaning in the context of sport today.

Financial support for the sport organizations and the athletes is largely dependent on public funds, principally from the Government of Canada and to a lesser degree from provincial governments and municipalities. It is axiomatic, I think, that if ethics and morality and the sporting ideal have no place in the future of athletic competition and if public funds are being used by athletes for drugs or other banned practices, financial support should not be continued. Furthermore, no public funds should be provided to any athletic organization that carries on its activities without regard for moral and ethical considerations. To do so would be contrary to the fundamental principles and objectives which form the basis for government funding.

I do not think that Canadians believe that everything is permissible in order to win. They do expect athletes to compete in accordance with the highest standards of fair play, ethics, and morality that define the parameters of sport, even if some competitors do not. Indeed, the strongest opponents of drugs and cheating are the athletes and coaches who do not engage in such practices but whose own reputations have been blemished by the doubt cast upon all athletes and coaches by the conduct of those who do cheat.

The use of drugs in sport is not only an ethical issue. Of equal concern is the health of the athletes. Anabolic steroids in particular and the manner in which they are used pose serious risks to the health of all who use them, especially the young. I have discussed the risks in detail earlier in this report.

The use of anabolic steroids is not confined to those who participate in Olympic sports. They are used by athletes who compete in other sports, including football, powerlifting, and bodybuilding. I have detailed the extent of the use of these drugs both in Canada and internationally. I have also described the supply and distribution of anabolic steroids to a black market in Canada worth up to $60 million annually and said to be more profitable than trafficking in hard drugs. Equally alarming is the evidence of the extent of the use of anabolic steroids by teenagers, particularly young males. Drugs are being used by our young people not only as a way of gaining an edge in athletic competition but also as a means of improving their physique and image. Their source is also the black market.

Because of the increasing awareness of the serious risks to the health of those who use anabolic steroids, the matter has recently been the subject of studies in the United States, the United Kingdom, and Australia.

Senator Joseph R. Biden, who in 1989 chaired a United States Senate Committee which studied the extent of use of anabolic steroids in that country and the serious risks to the health of those who use them, estimated that about 500,000 teenagers in the United States were using anabolic steroids. In Senator Biden's language, "their lives were threatened by the many dangers imposed by steroid abuse . . . steroid abuse threatens the mental and physical welfare of thousands of our fittest, healthiest, brightest young people."

The situation in Canada is comparable. Commission investigators, who are experienced drug-enforcement officers, discovered that anabolic steroids were readily available across Canada and can be found in physical fitness centres, gymnasiums, and high school locker rooms.

Anabolic steroids are prescription drugs and their use is regulated pursuant to the *Food and Drugs Act*. The current controls, however, are very limited, and the law-enforcement agencies have been hampered in their endeavours to deal with the illegal sale and distribution of these drugs.

Because of the growing concern over the harm caused by the abuse of anabolic steroids, legislators in the United States, the United Kingdom, Australia, and elsewhere are taking steps to increase the control of these substances in their equivalent legislation beyond those presently provided in the *Food and Drugs Act*.

Anabolic steroids are not the only drugs being used. Athletes and others are resorting to other drugs, such as growth hormone, which pose equally serious health risks, all of which I have also dealt with earlier in this report. Many legislatures are increasing the control of human growth hormone as they are of anabolic steroids.

It is apparent, I think, that the use of these drugs is not merely the concern of those directly engaged in the administration of or participation in sport. It is a grave social problem and a matter of public concern. There is no single solution, no easy remedy that would let us return to a mythical problem-free era in sport. The most obvious solution, that of more drug testing, was unanimously recommended by the witnesses who appeared before the

Commission. Yet it is a sad commentary that the athletes we expect to uphold the ideals of sport, together with their coaches and officials, must be policed ever more closely. Drug testing in itself does not address the root problem. We must look beyond testing as the panacea that will cure this sickness in sport. While testing will always be necessary, we must ground the integrity of sport on the firmer base of fair play, ethics, and a sense of what is right.

The resolution of this problem cannot simply be left to those who govern sport nationally and internationally. The events of the last several years illustrate that. It will require a joint commitment by others, and particularly by the parents and educators of our children, whose physical and moral health is at risk. I am concerned too about the carry-over effect of a breach of ethical standards in one field, sport, to other areas of an individual's life, and about the consequent erosion of the entire value system. We cannot allow sport, which we expect to build character, to become a means of destroying it, encouraging hypocrisy and cynicism in athletes and other young people.

A message must be taken to all who participate in athletic competition, to their coaches and advisers, and particularly to all young people, which will instil in them an appreciation of the true value of sport and of self-achievement, while imparting the knowledge that athletes can compete successfully without the use of drugs and conveying an awareness of the serious risks to the health of those tempted to use them. Vigorous law-enforcement action must also be taken against those who, for profit, traffic in and distribute these drugs and endanger the health of the user. But unless the sport-governing bodies take cheating and the use of drugs more seriously in future than they have in the past, I fear that any message will not be truly effective.

If this Commission has accomplished nothing else, I hope that it has brought a public awareness of the present dangers inherent in the use of performance-enhancing substances and other banned practices.

There will be those who say that this view of sport and its purposes is idealistic and out of date, that I have taken too high a moral tone, that the modern world of sport has progressed beyond the point where the original amateur ideals of fair play, honest striving to do one's best, camaraderie, and wholesome competition have any meaning or validity. If that is indeed the view of Canadians (and I do not accept that it is), then there is no justification for government support and funding of sport.

ROLE OF GOVERNMENT IN SPORT

Government Funding

Sport is a very important part of our culture that transcends regional, ethnic, and cultural barriers. It has become a means of unifying Canadians, preserving our identity, redressing gender inequalities and discrimination against the disabled and minorities, and improving the health of our citizenry and the vitality and integrity of our society. Sport affords participants an opportunity for self-fulfilment and fosters those traits of character which should be of benefit to them as they integrate into the economic and social life of Canada. Our athletes are looked upon as models for others and particularly for young people.

Sport also affords Canadian athletes an opportunity to compete internationally, to travel abroad, and to learn from those experiences. While doing so, they are expected to be examples of a modern, thriving, healthy, and prosperous nation which values the ideals of fairness and honesty in dealing with others.

It is the essence of athletic competition that it should be conducted fairly, with an equal opportunity for all who compete based on their natural ability, and in accordance with the underlying principles of ethics and morality. That is what sport is all about. International competition is intended to promote the development of those physical and moral qualities that are the basis of sport. In addition, it is intended to bring athletes from different countries and cultures together in a spirit of friendship and better understanding.

Based on such premises, there are valid and legitimate reasons to justify government involvement in and funding of sport. To that end and to further these worthy social and national objectives, the Government of Canada, by the expenditure of public funds, has made a very substantial commitment to and investment in sport and, over the last thirty years, has become more and more involved in the development and funding of sport.

However, as the degree of involvement in and funding of sport has increased, there has been a shift of emphasis in the nature and focus of that involvement. While task force reports and government white papers acknowledge the broad objectives set forth above and the benefits of widely based participation in sport, in fact government support of sport, particularly since the mid-1970s, has more and more been channelled towards the narrow objective of winning medals in international competition. Notwithstanding protestations to the contrary, the primary objective has become the gold medal. That is evidenced by the most recent task force report — *Toward 2000: Building Canada's Sport System* — in which the proposed long-term goal of government funding and the measure of its success are clearly related to the winning of medals. This sends the wrong message to athletes, coaches, and sport organizations, all of whom are funded in one way or another by the Government of Canada. Government funding should not enshrine victory as the sole worthy objective of participation in sport. Although there are many commendable objectives in the *Toward 2000* report, their importance is minimized when the measure of success of government investment in sport is the number of medals won in international competition.

The changed emphasis from broad-based support of sport for the general community of ordinary Canadians to high-level competitive sport demands a re-examination of the role and mandate of government in sport.

The pursuit of excellence is worthwhile and should be encouraged. But all Canadians, not just our high-performance athletes, should have the opportunity to pursue personal excellence through sport while broadening their experience and abilities with a view to their future contribution to society. Success in national and international competition should be viewed as a consequence and not as a goal of mass participation in sport. Its main value is not the glitter of gold but the inspiration it gives for even greater popular involvement in sport from all ages and interests.

This may result in our having different expectations of our athletes in international competition. Indeed, if cheating continues to be so prevalent, it is worth considering whether, at present, success in international competition is still a worthy objective. Earlier in this report I have detailed the efforts made before and subsequent to this Inquiry to eliminate doping in sport, but whether these efforts will result in a level playing field in the near future remains to be seen.

Nevertheless, I have no doubt that with the benefits of modern, drug-free training methods and coaching, Canadian athletes can compete effectively and honourably in any field. I believe too that in broadening the base of support for sport, a greater talent pool will be identified from which future champions will emerge, while at the same time creating a healthy sporting climate for all Canadians.

RECOMMENDATIONS

1 **THAT the mandate for those responsible for administering the funds provided by the Government of Canada for sport reflect a commitment to those principles on which government funding of sport was originally based:**

- **broad participation in sport, not solely a focus on elite sport;**
- **access to sport programs by all Canadians;**
- **encouragement of women in sport by ensuring equal access to sport programs and facilities;**
- **encouragement of greater participation in sport by disadvantaged groups;**
- **support for the disabled in sport;**
- **amelioration of regional disparities in access to sport programs and facilities.**

2 **THAT provision of expert coaching and training facilities and financial assistance for our most promising athletes be continued.**

3 **THAT those responsible for administering federal funds ensure**

(a) that individuals and organizations in receipt of government funding meet the ethical standards as well as the performance standards required for funding;

(b) that organizations in receipt of federal funding require as a condition of membership that athletes agree to comply with doping control rules, and make themselves available for testing in accordance with the organization's own requirements and those of the Sport Medicine Council of Canada;

(c) that those involved in the health, care, and training of athletes are qualified to be so ethically as well as technically.

In general, the aim should be to encourage a climate in sport in Canada where individual excellence is a consequence of strong, broad-based community involvement in sport, and not the sole objective. The benefits of government funding of sport should be directed towards the larger community, which is not to say that support for high-level sport should cease.

RECOMMENDATIONS

4 THAT **those responsible for administering government funds to sport consider in making funding decisions:**

(a) the extent to which a sport organization has made its programs accessible to the broader community;

(b) the sport organization's record with respect to the carrying out of doping control policies;

(c) the manner in which the sport organization disciplines athletes, including coaches and others involved in doping infractions;

(d) the organization's record in encouraging participation by women, minorities, disadvantaged groups, and the disabled.

I would not exclude from consideration an organization's record of success in competition and world ranking, but I must stress that this should be but one factor in funding decisions, and by no means the overriding one.

Government Involvement in Sport

The day-to-day administration of sport in Canada has become a function of government to a degree that never was intended nor, indeed, is either healthy or appropriate for sport. The "management by objective" style of administration that appears to have evolved in the 1980s has resulted in an emphasis on elite sport and international success that has turned sport away from broad-based community participation. Sport Canada has been the guiding force behind that change of direction. That it should have perceived this to be its role is not surprising, given the statement in the 1981 white paper, *A Challenge to the Nation: Fitness and Amateur Sport in the '80s*, to the effect that the federal government's commitment to sport in the 1980s "*means that the government's support will be largely channelled in the direction of international competitions such as the Olympic, Commonwealth and Pan American Games — as well as bilateral competitions*" [emphasis added].

In order to fulfil the expectations contained in the white paper and justify increased funding to sport, Sport Canada took a leading role in structuring and directing sport in Canada towards the creation of international medal winners. Victory in the international sporting arena became a measure of the success not only of the athletes, coaches, and sport federations, but of Sport Canada itself and its officials. The staff of Sport Canada are highly qualified and motivated people, and their expertise is invaluable in any future plans for sport in Canada. But their efforts must be channelled in a new direction. It is appropriate for government to fund sport but not be involved in the day-to-day operations of the sport organizations. Sport Canada may not have intended to use its funding as a means of regulating sport, but it is clear that the sport community perceives its actions to have grown beyond those of a granting agency. I believe that Canada is unique among Western nations in having government control so closely the ordinary functions of the sport federations.

Sport Canada's mandate is:

- to provide leadership, policy direction, and financial assistance for the development of the Canadian Sport System;
- to provide support for the attainment of the highest possible level of achievement by Canada in international sport;
- to provide support for initiatives aimed at increasing the number of Canadians participating in sport.

Indeed, one of Sport Canada's own goals for the achieving of its mandate is expressed in those terms:

- to provide administrative and technical leadership, policy direction, consultative services and financial resources *to assist national sport organizations to function effectively as the primary agents for the development of their sport in Canada.* [Emphasis added]

In my opinion, it is possible for Sport Canada to fulfil that mandate while respecting the independence of the sport federations in the day-to-day administration and regulation of sport. Since Canada is unique among Western nations in having government control so closely the ordinary functions of sport, I have, however, considered the advisability of recommending the establishment of an independent body charged with the responsibility of administering the funding and supervising the development of sport in Canada as the Sports Council does in Britain. That concept is attractive to me because such a body operates independently of the government. However, no one who appeared before the Commission submitted that such a body was appropriate for Canada. Therefore, in the absence of a full airing of the matter, I am not prepared to make an express recommendation to that effect.

RECOMMENDATIONS

5 **THAT the federal government examine its relationship with sport in Canada and consider the creation of a mechanism to ensure that:**

(a) an arm's-length relationship is maintained between government and the sport-governing bodies;

(b) the provision of government funding to sport does not result in day-to-day control of sport by government;

(c) the wider social goals of government funding of sport are being met;

(d) the measure of success of government funding be linked not to medal count, but to the degree to which it has met the social, educational, and national goals of government for sport.

6 **THAT Sport Canada continue its international antidoping role at the ministerial and government-to-government level, including its current efforts in promoting multilateral and bilateral antidoping agreements between**

nations, in conjunction with the activities of the Sport Medicine Council of Canada working at the sport organization level.

7 **THAT decisions on eligibility for competition remain a function of the sport-governing bodies themselves. While the federal government can and should reserve the right to determine what individuals and bodies receive government funding, it is not appropriate for the Government of Canada to determine who is eligible to compete in either domestic or international competition.**

Athlete Assistance Program

In the Eastern Bloc countries, athletes who compete internationally are usually treated as civil servants and compete as servants of the state. Their full time is devoted to athletic competition with a view to achieving success in the Olympics and other international competitions. International competition has become a contest not between athletes but between countries, and success in athletic competition is pursued as a means of demonstrating the superiority of governments and ideologies. We have seen that the use of anabolic steroids as a tool for achieving success is prevalent in Eastern Bloc countries, and we have seen what a destructive force that has been.

Many countries in the Western world also support, to varying degrees, athletes competing internationally, but with far less government involvement. For example, in West Germany and the United Kingdom athletes are aided financially by national governments and local municipalities but principally through athletic clubs where athletic activity is centred. In the United States, there is no direct funding of athletes by either the federal or state governments, and financial support for athletes is largely by athletic scholarships and private sponsorships.

In Canada, we have taken a middle ground. We recognize that athletic competition requires the athlete to devote a great deal of time to training. Many of our young athletes could not find the time to do so if they were at the same time required to seek part-time jobs in order to pursue their academic studies.

At its inception, the Athlete Assistance Program was designed to provide the athletes with modest financial support, relieving them of the obligation of seeking part-time work so that they could pursue their academic studies while actively participating in athletic competition. The carded athletes were amateurs and were expected to continue to be amateurs, although for some of them this is no longer the case. The program was designed not to provide for a professional athletic career but to aid the athletes in preparing for their careers on retirement from athletic competition. For this purpose, the Athlete Assistance Program also provides funds for the athletes to pursue their education while competing and for a short period of time after their competitive days are over.

There are obviously not enough funds to support every aspiring athlete, and some standards have to be set. The Athlete Assistance Program is intended to encourage and reward excellence. But as the program developed, the standards agreed upon by the sport federations and Sport Canada measured an athlete's performance against that of the best athletes in the world.

Many athletes have said that the standards required for funding have been achieved with the aid of performance-enhancing drugs. In their view, they had to follow suit in order to be eligible for funding, and they urged that the standards be reduced. Earlier in this report, I rejected that contention and concluded that reducing standards would not be an effective way of eliminating the use of drugs in sport.

Nevertheless, in my opinion, the basis of eligibility for carding should be changed. The present system denies some of our best Canadian athletes eligibility for carding solely on the basis that they cannot measure up to world standards. Because funding our most promising athletes is a good investment for their own future and for their future contribution to society, the basis of qualification should be measured against Canada's best performances. Obviously, some regard must be had to the applicant's ability to compete internationally but not necessarily to be a medal contender.

It must also be recognized that many of the athletes receiving financial assistance were earning substantial incomes from their athletic achievements. I see no reason why, if an athlete is able to earn a substantial income, funding should not then cease and the moneys be granted to another young athlete who is one of Canada's best but is not able to earn sufficient funds to pursue athletics and simultaneously prepare for a future career. The athlete's means should be a factor in determining whether funding should be granted.

Many of the athletes who appeared before the Inquiry had been carded for many years and during that period had devoted their full time to their athletic endeavours. They were not equipped in any way for a career upon their retirement from athletic competition. All athletes who receive funding should be encouraged to pursue some course of study during their athletic careers, whether for a profession or a trade or any other calling which will equip them to pursue careers after retirement from competition, and some form of counselling services should be available to them during their period of athletic competition.

RECOMMENDATIONS

8 **THAT domestic standards be used in determining carding levels for Canadian athletes.**

9 **THAT guidance, vocational assistance, and counselling be provided for athletes to prepare them for retirement from competition.**

10 **THAT financial need be a factor in determining whether direct government funding be provided to an athlete.**

DOPING CONTROL IN CANADA

It is a matter of record, not merely of national pride, that Canada has been a leader in the fight against doping in sport. I have described Canada's international achievements including hosting the First Permanent World Conference on Antidoping in Sport in 1988. Much earlier, in 1983, the Government of Canada established its own domestic policy. Elsewhere in this report I set out the text of the 1983 Sport Canada policy on drug use and doping control in sport and the revisions to the policy in 1985. It is important to emphasize that the 1983 policy, in section 1(b), required national sport organizations to plan for testing not only at major competitions but also during training periods. By 1983, anabolic steroids had been banned for many years, and it was well known that competition testing was not effective for anabolic steroids and related substances. Although Sport Canada appears to have been pressuring certain national sport federations to comply with its policy, its efforts were ineffective and were resisted. Therefore in practice virtually all testing of Canadian athletes occurred at major competitions only.

It is also important to note that the penalty for use of banned drugs as stated in section 2(a) of the 1983 policy is suspension from all federal funding, provided directly or indirectly via national sport organizations, to athletes. This policy, however, was not consistently enforced. In many cases suspended athletes continued to train with a national team and to receive other indirect benefits. One athlete who gave evidence in this Inquiry even competed in demonstration events while under suspension.

It must be pointed out that, with respect to individual athletes, the only suspension in Sport Canada's power is by means of government funding, which in my opinion should relate to direct funding of athletes, not indirect funding, and not eligibility for competition. The sport federations themselves should decide whether an athlete is eligible to compete. Consequently, an athlete may be barred from receiving government funding but may be deemed eligible to compete by the sport federations.

The 1983 policy required that a funding suspension be invoked for the longer of the competition suspension imposed by the national and the international federations. Nevertheless there were instances of domestic suspensions shorter than international suspensions during which the athletes were allowed to compete domestically.

Section 3 of the policy required that athletes agree in writing not to use or possess banned substances. Many athletes received federal money although they did not sign the required contract or they signed but removed the required clause.

Section 5 of the policy contemplated penalties for those who counselled the use of banned drugs. Sport Canada neither ensured that national sport organizations were investigating nor did it have its own process for investigating infractions applying to coaches and other support personnel.

The Sport Canada policy and its revision were announced with great fanfare. It is apparent from the evidence gathered in this Inquiry, however, that many athletes and sport organizers ignored the policy. The focus of action was solely on testing for drugs at competitions. The broader aspects of the policy, such as the prohibition against possession of banned substances and the potential for penalties against coaches and others assisting athletes, were never invoked. The December 14, 1983, press release from Sport Canada announcing the new policy stated that "any athlete convicted of a civil or criminal offence involving a drug on the banned list shall be similarly suspended from eligibility for the Athlete Assistance Program and other federal government support. Harsher sanctions will be invoked against coaches, medical practitioners, or other support personnel who have proven to have encouraged others to use banned drugs in contravention of international rules." Athletes saw no evidence that coaches, medical practitioners, and other support personnel ever received penalties from Sport Canada.

The provisions of the 1985 revised policy were similarly honoured in the breach. Section 4 requires athletes, not only carded athletes but all directly and indirectly funded athletes, to make themselves available for both regularly scheduled and ad hoc random doping control. However, it was not until two years later that any random doping control occurred in Canada, and even that was done by only one national sport organization, the Canadian Weightlifting Federation. Virtually all testing was regularly scheduled with ample advance warning to the athletes.

While it is appropriate for Sport Canada to set out a policy as it did in 1983, revising it in 1985, it is apparent that a new approach needs to be taken to ensure that the policy is put into practice. The Sport Medicine Council of Canada already performs a large part of the doping control functions that a model doping control agency would do, and as an independent agency it can continue to work with the impartiality needed to be effective and accepted by the sporting community. In particular, it should be given broad investigative powers with respect to the circumstances of doping infractions, including the power to review any investigation carried out by the national sport organizations.

RECOMMENDATION

11 THAT the Sport Medicine Council of Canada, pursuant to Sport Canada's antidoping policy direction and under the supervision of the Sport Medicine Council's Advisory Committee, expand its present role to become the central independent agency responsible for doping control of Canadian athletes and coordination of Canada's antidoping activities. Functions of the expanded Sport Medicine Council of Canada should include:

(a) investigating and reporting to Sport Canada incidents of doping infractions to determine the parties involved, patterns of supply and distribution of banned substances, and other relevant circumstances;

(b) coordinating educational programs among sport organizations and agencies and assisting professional groups in developing educational campaigns;

(c) monitoring the extent of drug use and assessing Canadian needs for athlete testing;

(d) entering into and administering agreements with testing laboratories;

(e) determining patterns of testing and methodology for selecting athletes for testing in conjunction with the national sport organizations and other involved parties;

(f) initiating and coordinating athlete testing;

(g) training and deploying doping control officers;

(h) developing and refining standard operating procedures and protocols for in-competition and out-of-competition testing;

(i) compiling information on doping in sport in cooperation with libraries, professional organizations, and other information repositories;

(j) negotiating and entering into international testing agreements with the International Olympic Committee and the international federations and with doping control agencies in other countries;

(k) stimulating research on testing, substances, epidemiology, deterrence, and other matters related to doping in sport;

(l) collaborating with national sport organizations, government, major games organizations, event organizers, universities, colleges, professional sport organizations, and others on matters related to athlete testing;

(m) ensuring that all national sport organizations require that all athletes as a condition of eligibility agree to submit to the doping control;

(n) publishing reports, including an annual report, on doping control activities; and

(o) continuing its current activities in sport medicine research, drug-free training methods, and the health and well-being of athletes.

Funding of Doping Control

It is unfortunate, to say the least, that increasing amounts of time and money must be spent testing athletes who engage in what has traditionally been considered the noble pursuit of sport. At the time of the Commission hearings, in addition to funding national sport organizations and athletes, Sport Canada was spending more than half a million dollars on doping control, and that amount is projected to increase. Pursuant to the Sport Canada antidoping policy, all federal funds were conditional on compliance with that policy. The national sport organizations have an obligation to enforce the antidoping policy among their membership and comply with the conditions of funding. Recognizing that the sooner the drug problem is solved, the sooner will drug-testing resources be freed to help pay for training and competition, I believe that the sport organizations must commit a portion of their budgets to doping control and not merely request new money or expect to use their present doping control budgets for other activities.

RECOMMENDATION

12 **THAT national sport organizations contribute a fixed percentage of their overall budgets to the funding of doping control activities of the Sport Medicine Council of Canada.**

I have described how the Olympic Games have become a lucrative commercial enterprise. It is only right that those responsible for the games share the cost of enforcing the rules. As noted earlier in this report, the Canadian Olympic Association receives funds from the federal government, particularly in years in which the Olympic Games are held.

RECOMMENDATION

13 **THAT the Canadian Olympic Association contribute to the cost of enforcing the International Olympic Committee's doping control rules in Canada and in particular contribute to the costs incurred by the Sport Medicine Council of Canada.**

Out-of-Competition Testing

Earlier in this report I described what I call the fallacy of in-competition testing. It is clear that out-of-competition testing is necessary and that there are many ways to do this, including "targeting" individuals and sports considered high risks for doping.

RECOMMENDATIONS

14 **THAT doping controls be weighted towards unannounced out-of-competition testing. Because of the difficulties of conducting tests without notice in a large country like Canada, it is recommended that the Sport Medicine Council of Canada establish a mixture of techniques including without-notice, short-notice, and targeted tests. The out-of-competition tests should also be weighted towards high-risk sports. The successful Nordic doping control program should be studied as a model for a Canadian out-of-competition program.**

15 **THAT new sampling methods be used to increase the deterrent effect of testing while reducing the cost. For example, urine samples could be collected from many athletes with only some of the collected samples actually submitted to the laboratory for testing. The athletes would nevertheless face the *possibility* that their samples would be tested.**

Laboratory Monopoly

I have also described how accreditation of laboratories by the IOC has created a monopoly of laboratories that has not benefited the Canadian taxpayer. Although it is necessary to ensure that Canadian athletes are tested by competent laboratories, it is clear that more than one laboratory in Canada can do so. The accreditation of the Calgary laboratory for the 1988 Winter Olympic Games is proof that more than one Canadian laboratory can satisfy the rigorous standards for IOC accreditation. Other laboratories in Canada at present engaged in testing for hospitals, governments, universities, or other organizations may also be capable of meeting the IOC standards. Indeed, given these resources, it is not clear that the testing of Canadian athletes within Canada need be conducted under the auspices of the IOC. The use of an external accrediting body like the IOC must be re-examined with a view to encouraging an open and competitive source of laboratory testing.

RECOMMENDATION

16 **THAT the Sport Medicine Council of Canada use competitive tendering to engage the services of laboratories for testing Canadian athletes and that Health and Welfare Canada set standards for the competence of these laboratories.**

I find it incongruous that IOC laboratory accreditation is determined by the heads of some of the very laboratories that receive accreditation.

RECOMMENDATION

17 **THAT to avoid conflicts of interest, the competence of laboratories, including laboratories accredited by the International Olympic Committee, be determined by persons at arm's length from the laboratories under consideration, and in particular that the Canadian Olympic Association urge the IOC to take steps to remove the present conflict of interest that exists in the IOC laboratory-accreditation process.**

Competition and Doping Control

Recognizing that Canadian athletes compete not only within Canada but around the world, I think it reasonable for Canadians to insist that other competitors abide by the rules.

RECOMMENDATION

18 **THAT those responsible for administering the funds provided by the Government of Canada encourage Canadian sport organizations to permit their athletes to compete only with athletes from other countries whose doping control programs are as stringent as those in Canada.**

Doping Control Appeals

The present right of appeal from a positive doping control test result is limited to technical administrative grounds concerning the integrity of the sample. In my opinion, those grounds should be expanded, as described in the model antidoping program referred to earlier in this report, to include challenges to the scientific validity of the test.

RECOMMENDATION

19 **THAT the grounds of appeal against a positive doping control test result be expanded to include challenges to the scientific validity of the test.**

ANABOLIC STEROIDS AND HEALTH

I am satisfied that there are serious risks to the health of athletes who use anabolic steroids to improve their performance. There is no doubt that anabolic steroids, taken even in therapeutic dosages, have potentially serious adverse effects. The evidence is clear, however, that athletes not only use these drugs without medical supervision but, more importantly, take much larger doses, over longer periods of time, and for no medical purpose, with correspondingly greater risks to their health. In addition, the evidence shows that athletes are using drugs manufactured for veterinary use only.

In the past some athletes were able to obtain anabolic steroids from their physicians, but even in those cases they do not appear to have been monitored carefully. In Canada this use has now largely been curtailed and the main source is the black market.

In addition to the abuse of anabolic steroids by athletes, there is growing evidence of increased use of these substances by young people at the high school level, particularly young boys, in a misguided attempt to improve their appearance and without any appreciation of the serious risks to their health. The apparently ready availability of anabolic steroids in gyms and locker rooms is a serious concern that must be addressed.

Earlier in this report, I reviewed in detail the manner in which these substances are regulated. Anabolic steroids, with the exception of stanozolol and boldenone, fall under Part II of Schedule F to the *Food and Drugs Act* regulations. As such, they are among the least regulated substances in the Act, having no penalty for simple possession or for possession for the purposes of distribution without a prescription and only minor penalties for illegal sale, importation, or distribution. Stanozolol, boldenone, and human growth hormone are no more tightly regulated, except that they do not have the veterinary and agricultural use exemptions enjoyed by Part II Drugs.

Decisions about the classification of a substance in the scheme of control and regulation set out in the *Food and Drugs Act* and the *Narcotic Control Act* are taken by the minister of national health and welfare, based on considerations of:

- the degree of medical usefulness, and
- the degree of health and social hazard associated with each substance.

The evidence before this Inquiry indicates not only a limited medical usefulness but also a significant health and social hazard associated with the use of these substances. There is a widespread, thriving black market in anabolic steroids in Canada, and dealers operate in the knowledge that the current regulatory controls are inadequate and the penalties insignificant. The abuse has spread beyond high-level sport into the gyms and high school locker rooms of the country, putting the health of athletes, recreational sports people, and high school children alike at risk. This situation cannot be allowed to continue.

I have outlined the measures being taken in other countries to regulate these substances more strictly; Canada should immediately move to do likewise. In the United States, many states not only have moved regulation of those substances into their controlled substances statutes, but have added specific prohibitions and penalties for prescribing, dispensing, or administering them for purposes of enhancing athletic performance, or increasing muscle mass, weight, or strength, purposes which are treated as having no medical validity. The particular dangers to young people are recognized by provisions for heavier penalties for offences involving minors.

RECOMMENDATIONS

20 **THAT anabolic steroids, those in both Parts I and II of Schedule F to the *Food and Drugs Act* Regulations, in all forms other than "implant" form suitable only for veterinary or agricultural use, and human growth hormone be reclassified as Schedule G drugs. This will place them in the category of "controlled substances," making them subject to stricter regulation with correspondingly greater penalties for illegal possession, importation, and trafficking.**

21 **THAT the range of penalties be increased for offences involving minors.**

22 **THAT licensing requirements be made more stringent for all drug wholesalers, manufacturers, importers, and distributors of anabolic steroids and human growth hormone to reflect the need for increased control of those substances in light of their potential for abuse and health hazards.**

23 **THAT the minister of national health and welfare, in determining the proper classification of new substances, consider their potential for abuse in the sporting context, and, in particular, their potential for abuse by young people seeking an enhanced body image.**

EDUCATION

I have emphasized the importance of educating our young people and have suggested a number of areas, including moral and ethical values, that should be emphasized.

RECOMMENDATIONS

24 **THAT the Government of Canada, the Sport Medicine Council of Canada, and the various sport organizations apply a full range of public health education techniques to the problem of doping in sport, including education of the general public as well as athletes, coaches, officials, and other members of the sporting community.**

25 **THAT the Commission for Fair Play increase its role in public education, in particular with respect to ethics in sport, and that those athletes and coaches who have consistently throughout their careers been opposed to the use of drugs be invited to assist in these educational programs.**

THE LEVEL PLAYING FIELD

One of the excuses of Canadian athletes who used banned substances was that they had to do so to compete with athletes from other countries who were also using drugs. This use may have levelled the playing field for the cheaters, but it put those athletes who competed honestly at a great disadvantage. Canada is taking stern measures to ensure that, in future, Canadian athletes will compete without the taint of drug use. But what of the international playing field? There has been a great deal of activity on the international scene by way of conferences, proposals, agreements, and policy statements since these hearings commenced. But by no means is there cause for complacency or a belief that international sport is now free of drugs. Until each country promotes drug-free sport through educational programs and has in place and rigorously enforces random, out-of-competition, short-notice, or no-notice testing, there can be no assurance that international competition is fair.

International Amateur Athletic Federation

Of all the international sport federations, the International Amateur Athletic Federation is one of the largest and most powerful, and track and field is the most prominent of all Olympic sports. Hence the influence of the IAAF on the problem of doping in sport is considerable. It is unfortunate that it has not used its influence in a more meaningful way to eradicate the drug problem in track and field. The posture of the IAAF appears to have been to react to the problem only after the fact.

The Medical Commission of the IAAF has known since its inception that in-competition testing alone is not an effective means to detect anabolic steroids, nor is it an effective deterrent to anabolic steroid use.

In 1987 the Congress of the IAAF approved the rule that member organizations must include in their constitutions a clause requiring them to conduct out-of-competition testing and must submit a report of the testing results to the IAAF. The IAAF also was given jurisdiction to conduct testing on its own. However, as has been noted, of the 184 member countries of the IAAF, few actually had an out-of-competition procedure in place in September 1988. Thus the rule was never enforced.

Prior to 1989, the only basis for disqualifying an athlete was a positive test. Thus, an athlete could actually have admitted using anabolic steroids to the doping control officer at the time of the urine sample collection, and the test would proceed. As long as the laboratory test itself was negative, there would be no disqualification. This was made clear by Dr Arne Ljungqvist in the following exchange:

> THE COMMISSIONER: . . . up to now . . . the only basis of a doping offence, apart from the banned practices, was actually to have the substance found in your system?
>
> THE WITNESS: Yes.

Under the IOC rules as well, a positive test is the only basis of disqualification. This fact was emphasized by IOC vice-president Richard Pound as described in the section of this report concerning the fallacy of in-competition testing.

On September 4, 1989, the IAAF established new rules. The definition of doping was expanded to include an admission by an athlete of having "taken advantage of a prohibited substance or prohibited technique." The admission was defined in these words: "a statement shall only be regarded as an admission either where it was made under oath or where it was made in writing and signed by the maker."

In January 1990 the IAAF applied that rule retroactively, and Ben Johnson and Angella Issajenko were stripped of their world records on the basis of their testimony before this Inquiry. If they had admitted the use of prohibited substances at the time the world records were established and before the test, and were then tested with negative results, they would not have been disqualified. The only basis for disqualification at that time was a positive test result.

It is understandable that the IAAF would want to ensure that world records have been obtained validly. However, in light of the evidence at this Commission, such assurance is impossible to obtain as a matter of fact. Moreover, it is unjust as a matter of principle to change the rules retroactively. To adopt and apply retroactively a new rule contrary to the rule in place at the time the person committed the alleged infraction contravenes every principle of natural justice and fairness. Furthermore, the focus of disqualification on the basis of admission alone misses the point. According to this new rule, if Mr Johnson and Ms Issajenko had denied their use of banned substances in their testimony at the Inquiry, their world records would still stand notwithstanding any finding to the contrary made by me on the basis of overwhelming evidence.

The evidence of those witnesses at this Inquiry who admitted their use of banned substances was in large part instrumental in uncovering the scandalous and pervasive practice of doping in sport that until then was hidden from public view, although not from the view of the national and international sport federations. To apply the new rule retroactively is to encourage the continuation of the conspiracy of silence that has allowed the problem to reach its present proportions, and will discourage athletes who would otherwise have been willing to aid in cleaning up the sport from coming forward.

In view of the testimony before this Commission, there is no guarantee that the world records that replaced those which were stripped are any less tainted, or that all the records still standing were made by drug-free athletes. Furthermore, by limiting the basis of disqualification to that of admission alone, the IAAF has foreclosed any investigation it might make on its own. Any record holder being investigated would merely have to deny the allegation even if it were true. No other evidence, short of a positive test, would result in disqualification.

It is a concern that the IAAF appears to have made no investigation of very serious allegations made public in other inquiries. When one reads the evidence of U.S. track athlete Diane Williams before Senator Biden's Committee, reproduced earlier in this report, there is a striking similarity between her evidence and the relationship she states that she had with her coach and that of Ms Issajenko and her relationship with coach Charlie Francis. One only need recall this evidence and that of Pat Connolly and Evelyn Ashford before the Biden Committee about the number of gold medalists who they believe were using anabolic steroids.

RECOMMENDATIONS

26 **THAT the Canadian Track and Field Association urge the International Amateur Athletic Federation to undertake investigations of doping control incidents that come to its attention within member countries and that action be taken if warranted in the circumstances.**

27 **THAT the Canadian Track and Field Association urge the International Amateur Athletic Federation to prohibit from competition member organizations that have not complied with the IAAF's own out-of-competition testing policy and that the IAAF use its financial resources to assist members in countries lacking their own resources to enable them to comply.**

It appears to me that a suspension that nevertheless allows the athlete to compete in the next major world competition is a poor deterrent.

RECOMMENDATION

28 THAT the Canadian Track and Field Association urge the International Amateur Athletic Federation to increase the period of ineligibility for an athlete found guilty of using anabolic steroids. The period of ineligibility should at least encompass the next following world competition.

International Weightlifting Federation

The International Weightlifting Federation must be commended for its efforts to clean up the sport, although I am less than sanguine that the participants themselves are prepared to abandon drugs. In a sport that has been notorious for the use of banned substances and practices, and which has had more positive tests and disqualifications than any other, the new measures being taken by the international governing body are an encouraging sign. However, it is obvious from the numbers of positive tests in weightlifting, even up to the Commonwealth Games in New Zealand in 1990, that doping is endemic in this particular athletic pursuit. It is equally clear that the participants regard doping control measures as obstacles to be overcome or avoided rather than as rules within which to operate.

Notwithstanding the measures taken by the IWF to eliminate doping from weightlifting, it remains to be seen whether there is any real intent on the part of the participants themselves to abide by the rules. If Canada indeed succeeds in eliminating doping from weightlifting in this country, there is no assurance that Canadian weightlifters will be competing against clean athletes internationally. In these circumstances, it is difficult to support continued funding for international competition in weightlifting.

RECOMMENDATION

29 **THAT the expanded Sport Medicine Council of Canada monitor and report on the success of the International Weightlifting Federation's antidoping program to assist Sport Canada to determine whether funding should be continued for Canadian weightlifters to compete in international competition.**

International Olympic Committee

The International Olympic Committee is the most powerful, prestigious, and wealthy body involved in international sport and it has been described as "the ultimate sports club." The IOC has been aware for many years of the prevalence of drug use in Olympic sports. It also knew that testing at competition time was an inadequate method of detection and deterrence. Dr Donike and Dr Dugal, two members of the IOC subcommission on doping and biochemistry of sport, testified that they have known since before the introduction of testing for anabolic steroids at Olympic Games that in-competition testing was an ineffective means of detecting the use of such drugs. Yet the appearance of clean, fair competition was maintained while those directly involved in sport knew that the reality was otherwise. The IOC has recently been involved in a number of initiatives designed to improve methods of detection and deterrence of drug use, including bilateral and multilateral agreements between countries to test each other's athletes at short notice, out of competition. While these efforts are to be commended, and offer some encouragement for the future, the IOC must be more vigilant in order to ensure a level playing field.

The April 1989 Resolution of the Canadian Olympic Association to exclude from participation in its programs, games, and funding any sport failing to implement short-notice, out-of-competition testing for its members is one of the most encouraging signs of a new era in sport in Canada. Such a resolution, extended to the international arena, could go far in ensuring an international level playing field.

RECOMMENDATIONS

30 **THAT the Canadian Olympic Association urge the International Olympic Committee and other national Olympic committees to pass and enforce resolutions excluding from participation in and funding for the Olympic Games and other games under IOC auspices any national sport organization that fails to have in place and actually implement an effective doping control policy.**

31 **THAT the Canadian Olympic Association urge the International Olympic Committee to monitor and carry out its own review of the testing programs of national sport federations, and refuse Olympic eligibility where the program is not effective in detecting and deterring drug use.**

32 **THAT the Canadian Olympic Association propose to the International Olympic Committee that the IOC contribute to the funding of effective doping control programs in those countries whose resources are unable to bear the cost of such programs.**

33 **THAT the Canadian Olympic Association encourage the International Olympic Committee to sponsor the establishment of an independent world doping control agency.**

MEDICAL PROFESSION

In earlier sections of this report, I have described the evidence concerning physicians who provided banned substances to athletes for the sole purpose of improving athletic performance. It is encouraging to note that the respective governing bodies of the medical profession have deemed these practices to be in contravention of the rules of professional conduct.

RECOMMENDATION

34 **THAT the sport-governing bodies, the Sport Medicine Council of Canada, and other major organizations in the administration of sport establish a reporting procedure to inform the provincial colleges of physicians and surgeons when the circumstances of a doping infraction suggest that a physician has been improperly involved in the supply, distribution, or administration of banned substances.**

COACHING PROFESSION

Because of the leading role played by coaches in the lives of athletes, and particularly in their moral and ethical behaviour, it is clear that coaching must be of the highest standards. It is also apparent from the evidence that coaches, who work closely with the athletes on a daily basis, are likely to observe the effects of drug use by athletes.

RECOMMENDATIONS

35 **THAT all coaches receiving federal funding be certified by the Coaching Association of Canada.**

36 **THAT national sport organizations establish rules requiring coaches to report to the Sport Medicine Council of Canada and the relevant national sport organization suspected drug abuse by athletes, with appropriate penalties for failure to do so.**

37 **THAT national sport-governing bodies establish under their rules a mechanism for investigation, adjudication, penalizing, and appeal of offences involving coaches.**

ATHLETES' RIGHTS

As I have stated earlier in this report, the rights of athletes must be respected. It is apparent that athletes have a number of areas for potential disagreement with their sport-governing bodies, including not only doping infractions and eligibility to compete, but also the broad range of rules that govern the conduct of amateur athletes. At present there is no uniform method of resolving these disputes.

RECOMMENDATION

38 **THAT all national sport-governing bodies establish within their own rules a grievance process through which athletes may receive a fair hearing from the sport-governing body itself, including a mechanism for arbitration by an independent arbitrator mutually acceptable to the parties.**

PENALTIES

One of the most difficult problems in doping control is to establish fair, effective, and uniform penalties, not only for athletes, but also for coaches and others in the sport community who cheat or help others to cheat. This difficulty is compounded by the many parties involved in sport, including national and international organizations as well as governments and individuals. I do not intend to set out a complete code of penalties here but rather to indicate the principles and the direction to follow for those responsible for the administration of sport. It is important, for example, to distinguish present penalties from those that might be adopted in future and to distinguish penalties governing eligibility to compete from penalties governing receipt of Sport Canada funding.

RECOMMENDATIONS

39 **THAT no athlete or coach be penalized solely on the basis of his or her own testimony before this Commission.**

40 **THAT there be no retroactive imposition of penalties or creation of offences that were not in effect at the time of the infraction, and that the penalties imposed be only those permitted under the rules at the time of the infraction.**

41 **THAT a positive laboratory test not be the sole means of proof of a doping offence and that Sport Canada, the Sport Medicine Council of Canada, and the sport-governing bodies develop investigative procedures to supplement the present reliance on laboratory tests.**

Sport Canada Penalties

Earlier in this report, I have set out the text of the December 1983 Sport Canada antidoping policy, the purpose of which was twofold: (1) to prevent cheating by those who were receiving government funds either directly or indirectly; and (2) to protect the health of athletes tempted to use banned substances. I will now focus on the penalties set out in that policy.

The policy provided that any athlete who had been proven through appropriate due process to have used banned drugs would be suspended forthwith from eligibility for Sport Canada's Athlete Assistance Program and any other financial or program support provided directly or indirectly to athletes by Sport Canada through national sport organizations. It further provided that any athlete who had been proven to be in possession of anabolic steroids or related compounds or to have supplied them to others should also be immediately suspended from Sport Canada funding. The period of withdrawal of benefits was for the longer of one year or the duration of the suspension imposed by the international and national sport federations. Second offences would result in a lifetime withdrawal of federal benefits. The one-year minimum suspension for a first offence and the lifetime suspension for a second offence roughly paralleled the suspensions imposed by the sport organizations, which themselves imposed suspensions ranging from a few months to two years for a first offence and up to a lifetime ban for a second offence.

The policy required that national sport organizations develop a list of drug-related infractions applying to coaches and medical, technical, administrative, and other support personnel engaged on a voluntary or professional basis by the NSO or one of its affiliates. The policy also proclaimed that such personnel who had counselled athletes, coaches, medical personnel, or other support staff to use anabolic steroids or other drugs on the banned list should be withdrawn from eligibility for federal government sport programs immediately upon proof of the infraction.

In 1985 the policy was revised. The new policy provided that individuals proven to have violated antidoping rules involving anabolic steroids would be subject automatically to a lifetime withdrawal of eligibility for all federal government sport programs or benefits. It also provided for an appeal from a lifetime suspension to the minister of state for fitness and amateur sport. The lifetime suspension was stated in terms of "individuals," not only "athletes," and hence it was not clear from the wording of the policy whether the lifetime suspension or the appeal to the minister also applied to coaches, medical personnel, and others, but in practice only athletes were suspended for life. The inclusion of a lifetime suspension in the range of penalties was obviously the result of the awareness of the extent of use of anabolic steroids and the failure of the 1983 policy to deter such use.

Eligibility to Compete

It is important to emphasize that the current lifetime ban from government benefits for the use of anabolic steroids applies not only to direct government funding but also to indirect funding, which has been interpreted by Sport Canada to exclude participation in any athletic activity, including competitions, within sport federations funded by the Government of Canada. Sport Canada extends the ban to any activity on the basis that mere participation amounts to indirect receipt of government financial assistance. In my view, as I have stated earlier in this report, although withdrawal of government funding should be the decision of government, eligibility to compete should be the decision of the athlete's sport-governing body. Sport Canada's penalties for athletes should be limited to withdrawal of direct government funding.

Right of Appeal

Although the Sport Canada policy incorporates a right of appeal from the lifetime withdrawal of funding, that appeal is to the minister. Without intending a reflection on the impartiality of any minister, in my view basic principles of the appearance of fairness dictate that a right of appeal should be allowed to a person other than the one who originally levied the penalty. Furthermore, there should be a right of appeal to an independent arbitrator, not only for athletes, but also for coaches and others deprived of funding.

Lifetime Withdrawal of Government Funding

For many athletes, a lifetime withdrawal of direct government funding means the end of international competition for them. It must be noted, however, that, in addition to violating the doping control policy, it is a contractual condition of funding that the athlete agree not to use or possess anabolic steroids, and breach of those contractual provisions is, in my opinion, an aggravating factor. The permanent withdrawal of government funding for a first violation is a heavy penalty, but it is one that in my view might well in some circumstances be an appropriate consequence of the athlete's use of anabolic steroids or related compounds to cheat. There may be circumstances in a particular case, however, that would suggest a lesser penalty. Hence there should continue to be a right of appeal but that right of appeal should be to an independent arbitrator after the athlete has served the suspension from eligibility imposed by the sport federations. On appeal, the onus should be on the athlete to show why the suspension should be lifted.

Special Circumstances

In hearing appeals, the arbitrator should consider all the circumstances of the case, including but not limited to:

- the age and experience of the athlete;
- the frequency and duration of drug use;
- whether the athlete was carded and therefore whether his or her conduct was aggravated by breach of the express conditions of funding;
- cooperation with investigating bodies, which in principle is an important mitigating factor;
- the possibility of rehabilitation;
- the length of penalty imposed by sport-governing bodies;
- the conduct of the athlete during the period of suspension.

RECOMMENDATIONS

42 **THAT Sport Canada continue to suspend from direct federal funding athletes who have deliberately violated the Sport Canada antidoping policy and that for all infractions, including anabolic steroid use, there be a right of appeal to an independent arbitrator rather than to the minister. The appeal should be permitted only after the athlete has served the suspension from eligibility imposed by the relevant sport-governing bodies, and the onus should be on the athlete to show why the funding suspension should be lifted. This right of appeal against the funding suspension should be in addition to the right of appeal on technical grounds concerning the test itself as set out in my recommendations with respect to doping control.**

43 **THAT Sport Canada develop criteria under which the funding of a sport organization would be suspended if, after investigation by the Sport Medicine Council of Canada, the organization has been proven to have failed to take all reasonable measures to avoid doping infractions by its members.**

44 **THAT Sport Canada suspend from funding any sport organization that fails to enforce contractual obligations concerning doping in sport with athletes, coaches, and others in receipt of federal funding.**

Coaches

As noted above, coaches guilty of doping infractions are also subject to suspension from government funding. It is not clear whether there is a right of appeal from that suspension. In my view there should be. It cannot be overlooked that withdrawal of funding from a coach can amount to permanent denial of the opportunity to gain a livelihood in his or her chosen field.

RECOMMENDATIONS

45 **THAT national sport organizations establish penalties applicable to coaches involved in doping infractions that are at least as stringent as penalties applying to athletes.**

46 **THAT Sport Canada explicitly apply a continuing suspension from funding for coaches involved in anabolic steroid offences with a right of appeal to an independent arbitrator after any suspension by the sport federation has elapsed; as in the case of athletes, the onus should be on the coach to show why the funding suspension should be lifted.**

Sport Organization Penalties

If the problem of cheating in sport is to be solved, the individuals and organizations responsible for sport must take a serious look at the present penalties for cheating. Briefly stated, if the rewards for a cheater even when caught are greater than for obeying the rules, cheating will continue. When role models in sport, or in any other endeavour, are seen to cheat and prosper, then it is natural that young people will learn to do the same. An effective penalty should ensure that there are greater disadvantages than advantages to cheating. On the other hand, I have stated my view that it is unjust to apply penalties retroactively. Those who commit infractions are entitled to be assured that they will not face unforeseen penalties levied in the future. Hence the following recommendations should not apply to past infractions.

RECOMMENDATIONS

47 **THAT the Canadian Olympic Association urge the International Olympic Committee to amend its rules so that in future any athlete found positive in a doping control test is banned from the next Olympic Games following the end of the period of suspension imposed by the sport federations and that similar rules apply with respect to all games under the auspices of the IOC.**

48 **THAT national sport organizations in Canada impose in future, and urge their respective international federations to impose, stricter penalties for doping infractions.**

49 **THAT anyone assisting an athlete to defeat or attempt to defeat a doping control test receive the same penalty as if the assisting individual had committed a doping infraction.**

50 **THAT a condition of reinstatement for any athlete suspended for any doping infraction be that the athlete agree to be tested during the period of suspension in accordance with the doping control requirements of the national sport organization.**

WEIGHTLIFTING

Weightlifting officials in Canada appear to be serious in their determination to eliminate the doping practices that are endemic in the sport. The evidence of what transpired in Vancouver prior to the 1988 Olympics, however, shows that until there is a change in the thinking of the athletes themselves and their coaches, testing alone will not eradicate doping from the sport. There has to be a recognition and acceptance that doping not only poses risks to the health and well-being of those who participate, but is cheating, and destroys the moral fibre of the young men who find themselves caught up in the deception that goes along with doping.

The failure of the coaches to take strong action partly explains the paradox evident in the sport of weightlifting. On the one hand, the Canadian Weightlifting Federation was the leading federation in this country in the practical use of drug testing, whether in-competition, predeparture, or random testing; on the other hand, despite the testing programs, the athletes, with the connivance of their coaches, continued their disgraceful history of drug use. Without moral leadership, drug testing alone is not the answer.

Mr Zuffellato, the assistant coach to Canada's Olympic weightlifting team, impressed me as someone with a genuine concern for his sport. However, when faced with the choice of helping the athletes to cheat or preventing them from doing so, he breached his duty as a coach and actually assisted them in their attempt to defeat the doping control.

Mr Kulesza, however, bears the greater responsibility. As national weightlifting coach, he had a duty to his athletes, the federation, the sport of weightlifting, and the federal government, which provided the money that enabled the federation to hire him, to discourage the use of drugs by the athletes. He was derelict in all of those duties. Notwithstanding his protestations to the contrary, I have no doubt that he knew the extent to which his athletes were involved in taking performance-enhancing drugs during training and prior to competition and by his own conduct condoned that use. Furthermore, it is clear to me that he knew the Czechoslovakian training camps were a major factor in the use of banned substances by his athletes. I am satisfied that he was aware of the plot to defeat the doping control tests in Vancouver by the use of catheters, and that he took no steps to prevent it. I am equally satisfied that he knew that all of this was a breach of the conditions of government funding to his athletes and to himself, and contrary to the policies of his national federation, the international federation, and the rules of the IOC. He did not acknowledge his own involvement or the harm he had done to his athletes and his sport.

RECOMMENDATIONS

51 THAT **Andrzej Kulesza be suspended from receipt of federal funds used to engage his services as a professional in the sport of weightlifting. In keeping with the principles**

and procedures I have recommended with respect to penalties, he should have a right of appeal to an independent arbitrator at the end of whatever period of suspension is imposed by the weightlifting federations based on the findings in this report. Unfortunately, I see no mitigating factors in his case. I would expect the arbitrator to take into account the nature and extent of the doping offences with which Mr Kulesza was involved, his failure to cooperate with this Inquiry and with the doping control measures of the International Weightlifting Federation and the Canadian Weightlifting Federation, and his unwillingness to acknowledge the seriousness of his actions. In addition, I consider it no small matter that he was at the time of these activities Canada's national weightlifting coach.

52 THAT the Sport Canada suspension from receipt of federal funding be maintained in the case of those weightlifters already under suspension as a result of positive doping control results, subject to the right of appeal which I have outlined.

53 THAT in keeping with my recommendations that no penalty be levied against an athlete or coach solely on the basis of his or her own evidence before this Commission, federal funding should also be withdrawn from Denis Garon. The evidence, apart entirely from his own, shows he was involved in purchasing and using anabolic steroids at the Czech training camps in 1988.

54 THAT with respect to other weightlifters, apart from those who have had positive doping control tests, because there is not sufficient evidence to warrant the imposition of penalties, aside from their own admissions of doping infractions after December 1985, no penalties can be imposed.

Weightlifters Langis Côté and Denis Garon and coach Raphael Zuffellato assisted with the attempt to defeat the doping control in Vancouver in 1988, but this was not specifically set out in either the Canadian Weightlifting Federation or Sport Canada doping control policies as an offence. Consequently, they cannot be penalized on that account alone. However, I have recommended that, in future, assisting an athlete to defeat or attempt to defeat a doping control test be included as an offence in both the CWFHC and Sport Canada doping control policies.

RECOMMENDATION

55 **THAT the Sport Medicine Council of Canada monitor closely the antidoping policies of the Canadian Weightlifting Federation and report to Sport Canada on their effectiveness with a view to assisting Sport Canada in determining whether funding to the federation should continue.**

It is clear that foreign training camps are a major source of temptation and supply of banned substances for weightlifters.

RECOMMENDATION

56 **THAT funding be suspended for attendance at foreign training camps until such time, in the opinion of the Sport Medicine Council of Canada and Sport Canada, they are no longer a contributing factor to doping problems in Canadian weightlifting.**

CANADIAN TRACK AND FIELD ASSOCIATION

It is apparent from the details I have set forth in the chapter on the Canadian Track and Field Association that over the years information about the use of performance-enhancing drugs by CTFA athletes came to the attention of officials of the CTFA. The information was of such a serious nature that inquiries should have been commenced. No such inquiries were ever made. The information was consistently discarded as rumour and of no weight, and was often attributed to mere expressions of jealousy. It is true that in some cases the information could be described as rumours, but over the years these stories became increasingly prevalent and worthy of some inquiry into their basis.

In addition to the rumours, however, the CTFA had the benefit of opinions expressed by knowledgeable and responsible coaches and athletes, and those opinions should not have been ignored. Of particular significance, information was given to officials of the CTFA which, if pursued, would have constituted evidence of the use of drugs by athletes who were competing under its banner. Rather than encouraging a full investigation of the matter, the response by the CTFA to the information and complaints foreclosed any effective inquiry. The excuse for the failure to make such inquiries was the opinion, amounting to a fixation, of the executive of the CTFA that only a positive test could be the basis of disciplinary action.

Persistently overlooked was that, since December 1983, the CTFA was required by Sport Canada to include as a condition of funding in the contract of every carded athlete an undertaking not to use or be in possession of anabolic steroids. Since 1985, it was a further requirement of government funding that athletes make themselves available for regularly scheduled and ad hoc random doping control. These requirements were not enforced by the CTFA and appear to have been ignored by them. Indeed, the athletes were permitted to delete the provision in the contract with respect to out-of-competition testing and they continued to be funded and eligible for competition. The officials of the CTFA mistakenly felt helpless to require any athlete to submit to a test other than during competition and they failed to follow up on information which might well have established that the athletes were in actual possession of performance-enhancing substances.

Furthermore, in those cases where athletes were disqualified after a positive test, only the athlete was penalized. No inquiry was ever made about the circumstances that led to the positive test and whether responsibility should also have been attached to the athlete's coach or physician or to any official.

The board of directors of the CTFA cannot escape responsibility for its failure to have made at least some effort to inquire into the facts and to determine the question of responsibility. Although the board is composed of volunteers, and I think well-intentioned ones, it was nevertheless their duty to oversee what was transpiring in the association.

Although a good deal of the information about suspected drug use was never brought to the attention of the board, some of it was reported to Jean-Guy Ouellette, vice-president of the association between 1977 and 1982 and chairman of the board since 1986. I was impressed with the sincerity of Mr Ouellette, who, I think, was anxious to eliminate the use of drugs in track and field, although the steps taken to pursue that end were long delayed. He was inclined to give the benefit of the doubt to the athletes and their coaches. He also relied on the advice of the association's chief executive officer, Wilf Wedmann, who was most familiar with the rumours, complaints, and allegations being made about drug use by CTFA athletes.

Mr Wedmann was president and chief executive officer of the CTFA from 1985 to May 1988. He came to the position well qualified and with excellent credentials and, in his own way, devoted himself to the promotion and development of track and field in Canada. I think it would be somewhat of an overstatement to conclude that he deliberately sought to cover up the use of performance-enhancing drugs by some of the track and field athletes. It may be that it was his inability to appreciate the scope of the problem and the significance of the information which came to his attention that led him to ignore the significant warning signals that prefigured what occurred in Seoul. However, he must have given the impression to those who were seeking action that he preferred not to hear about the problem and was prepared to turn a blind eye rather than deal with it. Mr Wedmann believed that the only solution was to institute random testing. That being so, the implementation of a new doping control policy should have been a matter of first priority. I have detailed earlier the painfully slow process leading to a procedure for random testing. Mr Wedmann is no longer directly associated with the CTFA.

It was a condition of funding of the CTFA after 1983 that some form of random testing would be implemented. It was apparent that Sport Canada was prodding the CTFA to do so, and yet nothing was done to implement such a procedure until after the Seoul Olympics in September 1988. Previously, it was assumed that the entire costs of doping control would be provided out of public funds in addition to the annual grants provided to the national sport organizations. The Sport Medicine Council of Canada paid the entire sum for testing, and Sport Canada provided the funds for the national sport organization's administrative costs of the program.

The CTFA resisted the implementation of more extensive doping control procedures on the basis that the entire cost should be funded by Sport Canada. Yet it is disturbing to note that a large part of the funds provided to the CTFA by Sport Canada in 1989 for out-of-competition testing appears to have been spent merely to attend an international symposium on doping control held in Stockholm, Sweden.

What has been overlooked throughout, in my opinion, is that all funding granted to national sport organizations was intended to be conditional on their implementing the doping control policy enunciated by Sport Canada. When the Government of Canada provides funds to national sport organizations and to athletes conditional on the implementation and enforcement of doping control procedures, it should not be the responsibility of government to provide additional funds for the sport organizations to implement those procedures. In light of the evidence I have heard, doping control should have been a matter of first priority for the CTFA for many years, and moneys should have been allocated by the CTFA for that purpose even if other programs had to be eliminated or reduced. It is the responsibility of national sport organizations to police their own athletes, and, unless they assume their share of financial responsibility for doing so, they will feel somehow that it is not their affair.

Apart from the question of funding, however, it does appear that under the present administration the CTFA has taken the question of doping seriously and has developed new procedures which should increase the detection of the use of drugs and, of equal significance, deter others who may be tempted to use them. The new executive is, I am sure, serious in its determination to eliminate the use of drugs in track and field in Canada.

RECOMMENDATIONS

57 THAT the Canadian Track and Field Association contribute from its operating budget to the expenses incurred by the Sport Medicine Council of Canada for doping control of Canadian athletes.

58 THAT Sport Canada withdraw funding from the Canadian Track and Field Association and its member athletes if the CTFA fails to enforce the contractual provisions of the Sport Canada antidoping policy.

59 THAT the Canadian Track and Field Association establish a reporting mechanism to inform the board of directors of potential doping problems within the CTFA membership.

60 THAT the Canadian Track and Field Association establish a procedure for the immediate investigation of the circumstances of any doping infraction and report the findings to the Sport Medicine Council of Canada.

61 THAT the Athlete Reserve Fund be administered as a true trust fund and with the objective of protecting the athlete's financial future on retirement from competition.

Charlie Francis

Mr Francis has devoted almost his entire life to track and field in Canada. I found him to be an extremely knowledgeable individual on the technical aspects of his profession. I have no doubt that he developed the athletic abilities of his athletes to a high degree by his training methods. But when he resorted to supplementing his own coaching methods and his athletes' natural abilities with drugs, he tainted their achievements as well as his own.

As a coach he had a duty, both morally and contractually, to instil in his athletes the true values of sport and to discourage them from cheating, even those who were inclined to do so on their own. His determination that the athletes trained by him would become the best in the world led him to ignore the ethical and moral values of sport and his duty as a coach. Similarly, he ignored his duty to abide by the rules of the national and international federations and the IOC and by the policies of Sport Canada, which funded his salary as a coach.

It would be unfair, as was suggested during his cross-examination by counsel for Mr Johnson, to conclude that Mr Francis encouraged his athletes to use steroids in order to exploit them. He was not motivated with a view of financial gain. For many years, he coached purely as a volunteer. Later on, when paid, his salary was a very modest one, and the bonus that he received in 1988 was not unreasonable. Because he relied on the advice of physicians who understated the adverse effects, I do not think he was fully aware of the risks to which his athletes were being exposed by the use of anabolic steroids. In a misguided way, he was convinced that he was helping his athletes. But, in doing so, he led them to accept cheating and lying as an acceptable way of life, which could only have resulted in the loss of their own self-esteem and self-respect and in the denial of the satisfaction of self-achievement. Thus, in the end, he failed them and himself, as well as the sport to which he had devoted so much of his life.

It is only fair to say, however, that by his testimony and the cooperation he gave to the Commission, he has made an important contribution to addressing the problem of the use of performance-enhancing drugs in sport, a problem to which he had so significantly contributed.

RECOMMENDATION

62 THAT Charlie Francis be suspended from receipt of federal funds used to engage his services as a professional in the sport of track and field. In accordance with the procedures I have recommended elsewhere, he should have a right of appeal to an independent arbitrator at the end of any suspension period imposed by the sport federations. In Mr Francis's case, factors to be considered are the extent to which he contributed to the spread and acceptance of drugs in elite sport; his participation in the conspiracy of silence surrounding drug use in sport up to the time of his evidence before this Commission; his full cooperation with the work of this Commission, which I consider a significant mitigating factor; the contribution he made to the sport of track and field; and the care and development of his athletes apart from his involvement with drugs.

Angella Issajenko

Ms Issajenko has expressed her desire to become a coach. There are few who have greater knowledge of training methods and practices, and of the importance of dedication to the sport than Ms Issajenko. The contribution she made to the work of the Commission is, I think, an important mitigating factor in considering her future. Ms Issajenko is no longer actively competing, and no longer a carded athlete. Suspension of federal funding in her case is therefore academic.

However, the evidence, apart from her own testimony, shows that she knowingly and consistently breached the 1985 Sport Canada antidoping policy, the current penalty for which is a lifetime ban from federal funding. She has already been penalized by being stripped of her world record by the IAAF (an action I have commented on elsewhere in this report).

RECOMMENDATIONS

63 **THAT if Angella Issajenko wishes to coach athletes in the future, she obtain certification from the Canadian Coaching Association, in accordance with recommendations which I have made with respect to coaches in general. I have stated elsewhere that such certification should be a prerequisite to receiving federal funding for coaches.**

64 **THAT in determining whether Ms Issajenko should be funded by the federal government as a coach in the future, consideration should be given, apart from her long-time use of banned substances and her participation for many years in the conspiracy of silence, to her openness before this Commission and her assistance in uncovering the deplorable practices in international competition.**

Dr Jamie Astaphan

It would be unfair to describe Dr Astaphan's relationship with his patients as solely that of a supplier of steroids. For many of them, he became their general physician and looked after their needs, in particular those physical problems which arose by reason of their athletic endeavours. In that respect he practised in the field of sport medicine and, from all accounts, he was a very competent physician in this area, and his patients spoke highly of him. He spent a great deal of time with each of his patients and took a particular interest in their athletic endeavours.

For most of the years of his association with Mr Francis and his athletes, monetary reward did not seem to be a paramount consideration. Indeed, many of the athletes did not pay him for the drugs he was administering to them. It was only in 1988 that Dr Astaphan began to consider the opportunity for substantial financial reward by reason of the services he was rendering to this group of athletes and, in particular, to Mr Johnson.

Dr Astaphan expressed the opinion that anabolic steroids taken in limited dosages and over a short period of time would not result in any harmful health effects. In this respect, however, he was somewhat inconsistent, having regard to his insistence that he detailed the potential side effects of the drugs and carefully monitored his athlete patients. I do not accept his evidence about the extent of the details of the side effects of anabolic steroids which he claimed he had explained to the athletes, nor about the extent of the monitoring of them that he professed to have made.

Since anabolic steroids are not manufactured to be administered to healthy humans for the purpose of enhancing athletic performance, there is no prescribed dosage for such a purpose, nor did Dr Astaphan define "limited dosages" or "a short period of time." In any event, because Dr Astaphan supplied the athletes with bottles of the pills and vials of the injectable anabolic steroids, he was not able to monitor the amount of drugs that the athletes were taking on their own. He was well aware that most athletes on a steroid program are inclined to take very large dosages of those drugs, even when obtained from a physician. He became deeply involved with the performance of the athletes, as if he were a part of the coaching team, which led him to deal with them in other than a physician-patient relationship.

I do not accept Dr Astaphan's opinion about the minimal harmful effects of anabolic steroids, a subject which is dealt with elsewhere in this report. Be that as it may, Dr Astaphan went far beyond a normal physician-patient relationship in the manner in which he provided steroids to the athletes. In obtaining drugs on the black market and supplying them to his patients, it cannot be said that he was merely prescribing drugs as a normal function of a physician. In addition, the evidence shows that he supplied and administered drugs manufactured for veterinary use only, and I am satisfied that he did not advise the athletes that he was doing so.

Furthermore, as a member of the medical profession, he was expected to conduct himself, both in his practice and elsewhere, in an ethical fashion. By supplying drugs, he encouraged his athlete patients to cheat and gave them the impression that such a practice was acceptable to society. He also gave them a false sense of security that, under his care, they were not being exposed to a serious risk to their health.

RECOMMENDATIONS

65 **THAT the College of Physicians and Surgeons of Ontario review the conduct of Dr George Mario Astaphan, now practising medicine in St Kitts, with a view to taking whatever disciplinary action it deems appropriate in the light of the evidence before this Commission and my findings.**

Dr Ara Artinian

I have previously outlined the involvement of Dr Artinian with the supply of anabolic steroids and other performance-enhancing substances.

RECOMMENDATION

66 THAT the College of Physicians and Surgeons of Ontario review the conduct of Dr Ara Artinian with a view to taking whatever disciplinary action it deems appropriate in the light of the evidence before this Commission and my findings.

Waldemar Matuszewski

I have already reviewed Mr Matuszewski's involvement with the use of drugs.

RECOMMENDATION

67 THAT Waldemar Matuszewski be suspended from federal funding, with a right of appeal to an independent arbitrator.

Ben Johnson and the Disqualification at the Seoul Olympics

I am satisfied, apart entirely from his own evidence, that Mr Johnson had for many years used anabolic steroids to enhance his athletic performance and that he was well aware he was doing so and knew that anabolic steroids were banned, although I do not think he was fully aware of the health risks involved. He denied those with whom he competed a level playing field and deprived worthy athletes of an opportunity to represent Canada internationally. As a carded athlete his cheating was aggravated because he was obligated as a condition of receiving public funding to agree not to use or be in possession of anabolic steroids. Furthermore, as a member of a team selected to represent Canada in international competition, he was a role model for young people and had a special obligation towards them.

Having said that, the circumstances that led Mr Johnson to use drugs cannot be overlooked. In the view of his coach, Mr Johnson had the potential to be a world champion if aided by drugs. He competed in a highly commercialized sport in which winning was the only measure of success and the means of financial reward. Public and media pressure demanded winning at all cost. Having been encouraged by his coach and physician to use drugs, knowing that his teammates were also doing so, and in the atmosphere of the times, one can understand, although not excuse, Mr Johnson's following suit.

Although I can understand the circumstances that led Mr Johnson to use performance-enhancing substances, I cannot understand how, after his return from Seoul, following his disqualification, and knowing that he had been using performance-enhancing substances for several years, he would allow himself to be a party to an orchestrated plan he knew would mislead the Canadian public and the international sporting community into believing that he had never used performance-enhancing drugs, had never cheated, and had somehow wrongfully been deprived of his gold medal. This plan was emboldened by his request for a public inquiry.

RECOMMENDATION

68 **THAT the Sport Canada suspension from federal funding to Ben Johnson be maintained. In accordance with the general principles to which I have referred elsewhere, his eligibility to compete must be decided by the sport federations and the Olympic organizations in accordance with the penalties in force at the time of his infraction. As is**

the case with other suspended athletes, Mr Johnson should have a right of appeal from the funding suspension to an independent arbitrator after he has served his suspension from eligibility to compete. In addition to the general factors that an arbitrator should consider which I have earlier set forth, in Mr Johnson's case consideration should be given to the mitigating circumstances I have outlined, such as the influence of his coach and physician, as well as his long-time use of banned substances, his participation for many years in the conspiracy of silence, his public denial of wrongdoing up to the moment he himself gave evidence at this Inquiry, and the added expense to which he put the Commission by reason of this conduct.

Other Track and Field Athletes

A great deal of evidence was heard concerning the use by other track and field athletes of banned substances. Some of those athletes no longer compete, and the withdrawal of funding is of no concern to them. In the case of those athletes still competing, or likely to in the future, I refer again to the broad principles which I set out elsewhere with respect to penalties.

With those principles in mind, I am satisfied that, apart entirely from their own evidence, the following athletes, although not having tested positive, were in breach of the Sport Canada doping control policy on the basis of the evidence of other witnesses: Molly Killingbeck, Dave McKnight, Mark McKoy, Andrew Mowatt, Tony Sharpe, Mike Sokolowski, Cheryl Thibedeau, and Desai Williams.

RECOMMENDATION

69 **THAT Molly Killingbeck, Dave McKnight, Mark McKoy, Andrew Mowatt, Tony Sharpe, Mike Sokolowski, Cheryl Thibedeau, and Desai Williams be suspended from funding with a right of appeal to an independent arbitrator. As in all cases, their eligibility to compete should be determined by the sport organizations.**

Peter Dajia, Rob Gray, and Mike Spiritoso, who tested positive in 1986, were suspended from funding.

RECOMMENDATION

70 **THAT the suspension from federal funding of Peter Dajia, Rob Gray, and Mike Spiritoso be maintained, subject to a right of appeal to an independent arbitrator at the end of the period of ineligibility as determined by the sport federations in accordance with the penalty in force at the time of the infraction. In effect, they may now be entitled to appeal that funding suspension. However, as I have said with respect to penalties in general, the onus is on the athlete to show why the suspension should be lifted.**

Appendices

Appendix A

CANADA
PRIVY COUNCIL

P.C. 1988-2361

Certified to be a true copy of a Minute of a Meeting of the Committee of the
Privy Council, approved by Her Excellency the Governor General
on the 5th day of October, 1988.

WHEREAS there is a clear public concern with respect to the use of various drugs and banned practices intended to increase athletic performance;

AND WHEREAS recent events warrant the establishment of an inquiry with the capacity to examine the issues and determine the facts with respect to the use of such drugs and banned practices;

Therefore, the Committee of the Privy Council, on the recommendation of the Prime Minister, advise that a Commission do issue under Part I of the Inquiries Act and under the Great Seal of Canada, appointing the Honourable Charles Leonard Dubin, the Associate Chief Justice of Ontario, to be a Commissioner to inquire into and report on the facts and circumstances surrounding the use of such drugs and banned practices by Canadian athletes, including the recent cases involving athletes who were to, or did, compete in the Olympic Games in Seoul, South Korea, and to inquire into and to make recommendations regarding the issues related to the use of such drugs and banned practices in sport, and

The Committee do further advise that

(a) pursuant to section 37 of the Judges Act, the Honourable Charles Leonard Dubin be authorized to act as a Commissioner in the inquiry;

(b) the Commissioner be authorized, subject to paragraph (c), to adopt such procedures and methods as he may from time to time deem expedient for the proper conduct of the inquiry;

(c) the Commissioner be directed to establish an advisory panel; or advisory panels, including such sports, medical or legal experts as are in his opinion necessary for the purposes of the inquiry;

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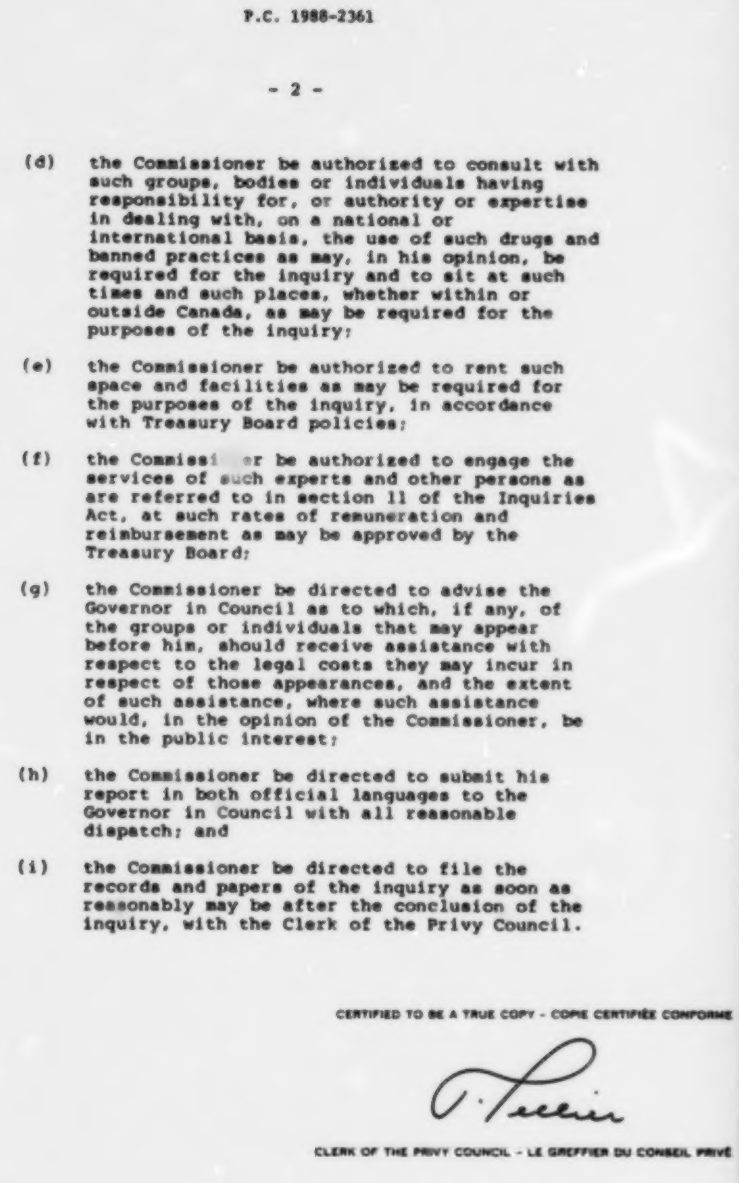

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(d) the Commissioner be authorized to consult with such groups, bodies or individuals having responsibility for, or authority or expertise in dealing with, on a national or international basis, the use of such drugs and banned practices as may, in his opinion, be required for the inquiry and to sit at such times and such places, whether within or outside Canada, as may be required for the purposes of the inquiry;

(e) the Commissioner be authorized to rent such space and facilities as may be required for the purposes of the inquiry, in accordance with Treasury Board policies;

(f) the Commissioner be authorized to engage the services of such experts and other persons as are referred to in section 11 of the Inquiries Act, at such rates of remuneration and reimbursement as may be approved by the Treasury Board;

(g) the Commissioner be directed to advise the Governor in Council as to which, if any, of the groups or individuals that may appear before him, should receive assistance with respect to the legal costs they may incur in respect of those appearances, and the extent of such assistance, where such assistance would, in the opinion of the Commissioner, be in the public interest;

(h) the Commissioner be directed to submit his report in both official languages to the Governor in Council with all reasonable dispatch; and

(i) the Commissioner be directed to file the records and papers of the inquiry as soon as reasonably may be after the conclusion of the inquiry, with the Clerk of the Privy Council.

CERTIFIED TO BE A TRUE COPY - COPIE CERTIFIÉE CONFORME

P. Tellier

CLERK OF THE PRIVY COUNCIL - LE GREFFIER DU CONSEIL PRIVÉ

Appendix B

INDIVIDUALS AND ORGANIZATIONS APPEARING OR REPRESENTED AT THE INQUIRY

Individuals are identified by their role as pertinent to this Inquiry.

Individuals/Organizations	**Counsel**
Gus Alevizos University football player	
Dr Ara Artinian	Randal T. Hughes
Dr George Mario (Jamie) Astaphan	David H. Sookram Lorne Levine
Angela Bailey Sprinter	Paul R. Basso
David Bain High school football player	
Tim Bethune Sprinter	

Individuals/Organizations	**Counsel**
Glen Bogue Canadian Track and Field Association	
David Bolduc Weightlifter	Daniel Caisse
Steven Brisbois Bodybuilder	Harvey M. Salem, QC
Duncan Brownell University football player	
Shirley Cain Organon Canada Limited	
Richard Campion Canadian Weightlifting Federation	Allan Lutfy, QC
Canadian Interuniversity Athletic Union	George C. House, QC
Canadian Olympic Association	Ralph S. McCreath, QC Robert L. Falby, QC Darryl Mann
Canadian Track and Field Association	Roger C.J. Bourque
Canadian Weightlifting Federation	Allan Lutfy, QC
Mario Chagnon University football player	
Yvon Chouinard Canadian Weightlifting Federation	Allan Lutfy, QC

Individuals/Organizations	**Counsel**
College of Physicians & Surgeons of Ontario	Julian H. Porter, QC Richard H. Steinecke
Langis Côté Weightlifter	Yves Poupart
Bruce Coulter Bishop's University	John E. Hackett
William Crothers Former track and field athlete	
Paul Cutler Pharmacist	
Peter Dajia Shot putter and discus thrower	David Zarek
John Davies University football player	
Dennis Degan United States Food and Drug Administration	Eugene M. Thirolf
Jacques Demers Weightlifter	Daniel Caisse
Bishop Dolegiewicz Former track and field athlete	Christopher Ashby Sara Hickling
Manfred Donike International Olympic Committee Medical Commission	Thomas C. Barber Robert C. Morrow
Rose Drake E.L. Stickley & Co. Ltd	

Individuals/Organizations	**Counsel**
Robert Dugal INRS-Santé (laboratory)	Thomas C. Barber Robert C. Morrow
Paul F. Dupré Canadian Track and Field Association	Roger C.J. Bourque
Ross Earl Scarborough Optimist Track and Field Club	Robert P. Sullivan
Larry F. Eldridge Canadian Track and Field Association	Roger C.J. Bourque
Steven Findlay Canadian Track and Field Association	Paul B. Kane
Donald S. Fletcher Canadian Track and Field Association	Roger C.J. Bourque
Clarke James Flynn Bobsledder	
Charles (Charlie) Francis Coach	W. Roy McMurtry, QC Alan Pratt
Denis Garon Weightlifter	Guy Poupart
Paramjit Gill Weightlifter	
Norman Gledhill Sport Medicine Council of Canada	Thomas C. Barber Robert C. Morrow

Individuals/Organizations	**Counsel**
Government of Canada	Edward R. Sojonky, QC Joseph de Pencier Alain Préfontaine
Geoff R. Gowan Coaching Association of Canada	
Robert Gray Discus thrower	Terrance J. O'Sullivan
Guy Greavette Weightlifter	Denis Mondor
Walter Greczko Commission investigator	
Bernd Heller Sports broadcaster Geman Democratic Republic	
Don Hiatt St Christopher and Nevis, W.I.	
Andrew Higgins Coach	
Abby Hoffman Sport Canada	Edward R. Sojonky, QC Joseph de Pencier Alain Préfontaine
Andrew Holmes Health and Welfare Canada	
Angella Issajenko Sprinter	Dennis R. O'Connor, QC Gayle Pinheiro

Individuals/Organizations	**Counsel**
Anthony Issajenko Sprinter	Dennis R. O'Connor, QC Gayle Pinheiro
Roger C. Jackson Canadian Olympic Association	Ralph S. McCreath, QC Robert L. Falby, QC Darryl Mann
Ben Johnson Sprinter	Edward M. Futerman, QC Lorne M. Lipkus
Marjorie Keast Ontario, Ministry of Tourism and Recreation	
Christopher L. Kelly Canadian Track and Field Association	Roger C.J. Bourque
Dr Robert Kerr	
Bruce Kidd Professor of Physical and Health Education and former track and field athlete	
Joseph Kiefer Sterling Drug Ltd	G.W. Daniel Kirby Penny S. Bonner
Molly Killingbeck Sprinter	Dennis R. O'Connor, QC Gayle Pinheiro
Dr Gunther Helge Koch	Linda R. Rothstein
Andrzej Kulesza Coach	Joel A. Silcoff Marie Trudel
Sylvie Lallier Quebec Provincial Police	

Individuals/Organizations	**Counsel**
Carol Anne Letheren Chef de mission, Canadian Olympic Team, Seoul	Ralph S. McCreath, QC Robert L. Falby, QC Darryl Mann
Benoît Lévesque Bodybuilder	
Arne Ljungqvist International Amateur Athletic Federation	Robert J. Clayton
Deborah C. Lloyd Ontario Veterinary Association	
Richard Lococo University football player	
Mark Logan University football player	
Gary Lubin Coach	Lawrence S. Gold
Rolf Lund Ontario Track and Field Association	Andrew A. Buckstein
Linda McCurdy-Cameron High jumper	
Brian McKinnon Coach	
Terrence B. McKinty Canadian Track and Field Association	Roger C.J. Bourque

Individuals/Organizations	**Counsel**
Dave McKnight Sprinter	
Mark McKoy Hurdler	
Tom MacWilliam Canadian Track and Field Association	Roger C.J. Bourque
Lyle M. Makosky Fitness and Amateur Sport	Edward R. Sojonky, QC Joseph de Pencier Alain Préfontaine
Christian Maksimovich University football player	
Ivan Maksimovich Bodybuilder	
Daniel Markus University football player	
Andy Marshall University football player	
Waldemar Matuszewski Physiotherapist	Les Sosnowski Michael W. Czuma
William Morassutti University football player	
Benoît Paul Morin Canadian Association of Bobsleigh and Luge	
Andrew Mowatt Sprinter	

Individuals/Organizations	**Counsel**
John Robert Mumford Coach	Paul R. Basso
Ontario Track and Field Association	Andrew A. Buckstein
Shane Oldfield University football player	
Milt Ottey High jumper	
Jean-Guy Ouellette Canadian Track and Field Association	Pierre C. Fournier
Charles Oxley University football player	
Frank Paradiso University football player	
Louis Payer Weightlifter	Daniel Caisse
Ann Peel Race walker	
Andrew Pipe Sport Medicine Council of Canada	Thomas C. Barber Robert C. Morrow
Warren Bruce Pirnie Coach	
Richard W. Pound International Olympic Committee	

Individuals/Organizations	**Counsel**
Robert Pugh Canadian Interuniversity Athletic Union	George C. House, QC
Claude Ranger Canadian Weightlifting Federation	Allan Lutfy, QC
Ken Read Canadian Olympic Association	Ralph S. McCreath, QC Robert L. Falby, QC Darryl Mann
Warren Robinson University football player	
Kevin Roy Weightlifter	David Wiseman
Pierre Roy Coach	
Michael J. Ryan University football player	
Don Sauder Sterling Drug Ltd	G.W. Daniel Kirby Penny S. Bonner
Bruce Savage Canadian Track and Field Association	Roger C.J. Bourque
Scarborough Optimists Track and Field Club	Robert P. Sullivan
Robert E. Secord Ontario Ministry of Tourism and Recreation	

Individuals/Organizations	**Counsel**
Anthony Sharpe Sprinter	
Cecil Smith Ontario Track and Field Association	Andrew A. Buckstein
Michael Sokolowski Sprinter	
Mary Southgate Taro Pharmaceutical Inc.	
Michael Spiritoso Shot putter	Adam S. Albright
Sport Medicine Council of Canada	Thomas C. Barber Robert C. Morrow
Ken St Germain Commission investigator	
William Stanish Chief Medical Officer, Canadian Olympic Team, Seoul	Ralph S. McCreath, QC Robert L. Falby, QC Darryl Mann
David Steen Decathlete	James W. McCutcheon, QC
Sterling Drug Ltd	G.W. Daniel Kirby Penny S. Bonner
Dr Jack Sussman	
Andrew Swim Bobsledder	

Individuals/Organizations	**Counsel**
Louis Taffo University football player	
Cheryl Thibedeau Sprinter	
Casey Wade Canadian Track and Field Association	Roger C.J. Bourque
Wilfred Wedmann Canadian Sport and Fitness Administration Centre	Jeremy M. Freedman
Desai Williams Sprinter	
Lynn Williams Distance runner	
Raphael Zuffellato Coach	

Appendix C

PUBLIC SUBMISSIONS TO THE COMMISSION

Anistics

Professor Rob Beamish, School of Physical and Health Education, Queen's University, and Professor Bruce Kidd, School of Physical and Health Education, University of Toronto

Ken Black, MPP, Ontario

John Brewin,* MP, New Democratic Party critic for Fitness and Amateur Sport

Canadian Association for Health, Physical Education and Recreation (CAHPER)

Canadian Colleges Athletic Association
  Glenn Ruiter*

Canadian Intramural Recreation Association

Canadian Parks/Recreation Association

Canadian Pharmaceutical Association
  Leroy Fevang*

Canadian Veterinary Medical Association
  Christiane Gagnon*

Coaching Association of Canada

Cross Country Canada

Jerome Drayton, Toronto, Ontario

International Federation of Body-Builders

Professor Donald Macintosh,* School of Physical and Health Education, Queen's University

National Alpine Ski Team

Ontario Commission on Interuniversity Athletics

Ontario Cycling Association, Cycling Women's Committee
  Laura Robinson*

Ontario Federation of School Athletic Associations
  Andy Gibson*

Ontario Sports Academy Project

Ontario Veterinary Association

L'Ordre des pharmaciens du Québec

Parks and Recreation Federation of Ontario

Régie de la sécurité dans les sports du Québec

Sports Federation of Canada

YMCA of Metropolitan Toronto
  Henry J.D. Labatte*

* *Oral submissions*

Appendix D

SUMMARY OF FITNESS AND AMATEUR SPORT CONTRIBUTIONS TO NATIONAL ORGANIZATIONS, 1987–88

National Organizations[1]	Fitness Canada	Sport Canada	Total
	$	$	$
Aquatic Federation of Canada		24,551	24,551
Basketball Canada	80,020	1,325,475	1,405,495
Canada Fitness Survey Inc.	1,077,870		1,077,870
Canada Sports Hall of Fame		107,500	107,500
Canadian Academy of Sports Medicine		37,970	37,970
Canadian Amateur Bobsleigh & Luge Association		178,505	178,505
Canadian Amateur Boxing Association		558,798	558,798
Canadian Amateur Diving Association		516,959	516,959
Canadian Amateur Football Association	52,240	225,051	277,291
Canadian Amateur Hockey Association	38,080	598,142	636,222
Canadian Amateur Rowing Association		1,020,781	1,020,781
Canadian Amateur Softball Association		382,045	382,045
Canadian Amateur Speed Skating Association		312,983	312,983
Canadian Amateur Swimming Association		1,250,071	1,250,071
Canadian Amateur Synchronized Swimming Association	87,145	615,394	702,539
Canadian Amateur Wrestling Association		604,604	604,604
Canadian Association for Health, Physical Education and Recreation	488,422		488,422
Canadian Association for the Advancement of Women and Sport		26,529	26,529
Canadian Association of Nordic Instructors	15,000		15,000
Canadian Association of Sports Sciences	148,985	88,700	237,685
Canadian Athletic Therapists Association		41,220	41,220
Canadian Badminton Association	37,360	459,179	496,539

National Organizations:	**Fitness Canada**	**Sport Canada**	**Total**
	$	$	$
Canadian Camping Association	59,440		59,440
Canadian Canoe Association		782,387	782,387
Canadian Colleges Athletic Association		145,834	145,834
Canadian Council on Children and Youth	10,000		10,000
Canadian Cricket Association		100,151	100,151
Canadian Cycling Association	124,245	768,243	892,488
Canadian Equestrian Federation		609,514	609,514
Canadian Federation of Amateur Baseball		405,098	405,098
Canadian Fencing Association		422,578	422,578
Canadian Field Hockey Association		430,820	430,820
Canadian Field Hockey Council		50,960	50,960
Canadian Figure Skating Association		326,700	326,700
Canadian Fitness and Lifestyle Research Institute	325,900		325,900
Canadian Five-Pin Bowlers Association		132,055	132,055
Canadian Gymnastics Federation		902,292	902,292
Canadian Handball Association		41,140	41,140
Canadian Association of Festivals and Events	22,000		22,000
Canadian Hostelling Association	74,860		74,860
Canadian Interuniversity Athletic Union		1,285,815	1,285,815
Canadian Intramural Recreation Association	490,316		490,316
Canadian Lacrosse Association		163,825	163,825
Canadian Ladies Golf Association		109,760	109,760
Canadian Oldtimers Hockey Association	90,000		90,000
Canadian Olympic Association		1,070,747	1,070,747
Canadian Orienteering Federation		155,146	155,146
Canadian Parks/Recreation Association	130,500		130,500
Canadian Parks/Recreation Association (Secretariat for Fitness in the Third Age)	107,390		107,390
Canadian Physiotherapy Association (Sport Physiotherapy Division)		44,030	44,030
Canadian Racquetball Association	42,170	189,210	231,380
Canadian Recreational Canoeing Association	77,600		77,600
Canadian Red Cross Society (Program for the Aged)	59,210		59,210
Canadian Red Cross Society (Safety Services)	141,025		141,025
Canadian Rhythmic Sportive Gymnastics Federation		466,698	466,698
Canadian Rugby Union		243,905	243,905
Canadian Ski Association		21,519	21,519
Canadian Ski Association (Alpine Skiing)		466,563	466,563
Canadian Ski Association (Biathlon)		213,371	213,371
Canadian Ski Association (Cross-Country Skiing)	92,480	286,907	379,387
Canadian Ski Association (Freestyle Skiing)		277,743	277,743
Canadian Ski Association (Nordic Combined)		61,792	61,792
Canadian Ski Association (Ski Jumping)		253,056	253,056
Canadian Ski Council	162,495		162,495
Canadian Ski Patrol System	110,899		110,899
Canadian Soccer Association		972,342	972,342
Canadian Sport ParachutingAssociation		130,695	130,695
Canadian Square and Round Dance Society	4,000		4,000
Canadian Squash Racquets Association	9,420	253,602	263,022
Canadian Table Tennis Association		496,744	496,744
Canadian Team Handball Federation		296,901	296,901

National Organizations[1]	Fitness Canada	Sport Canada	Total
	$	$	$
Canadian Tennis Association	52,480	341,225	393,705
Canadian Tenpin Federation		70,600	70,600
Canadian Track and Field Association	91,690	2,103,694	2,195,384
Canadian Volleyball Association		997,584	997,584
Canadian Water Polo Association		495,656	495,656
Canadian Water Ski Association		267,027	267,027
Canadian Weightlifting Federation		366,620	366,620
Canadian White Water Association		50,105	50,105
Canadian Women's Field Hockey Association		667,336	667,336
Canadian Yachting Association	14,215	798,110	812,325
Chambre de Commerce du Canada	135,000		135,000
Coaching Association of Canada		2,508,031	2,508,031
Commonwealth Games Association of Canada		39,220	39,220
Curl Canada		416,771	416,771
Federation of Canadian Archers		229,691	229,691
Girl Guides of Canada	51,613		51,613
Hockey Canada		560,000	560,000
Interprovincial Sport and Recreation Council	10,000	10,000	20,000
Judo Canada		580,014	580,014
Lawn Bowls Canada		194,133	194,133
National Council of YMCAs of Canada	119,000		119,000
National Karate Association		53,275	53,275
National Pensioners and Senior Citizens Federation	37,380		37,380
PARTICIPaction (Core Support)	916,000		916,000
PARTICIPaction (Special Projects)	361,500		361,500
Ringette Canada	64,540	190,603	255,143
Royal Canadian Golf Association		54,290	54,290
Royal Life Saving Society of Canada	92,090		92,090
Shooting Federation of Canada		602,539	602,539
Soaring Association of Canada		17,320	17,320
Sport Information Resource Centre		546,315	546,315
Sport Medicine Council of Canada		1,223,478	1,223,478
Sports Federation of Canada		77,960	77,960
YWCA of Canada	173,236		173,236
TOTAL	**6,277,816**	**34,414,197**	**40,692,013**

[1] NSO programs may have a recreational, as well as a competitive, orientation. Fitness Canada and Sport Canada funding is provided on that basis.

Appendix E

ATHLETE ASSISTANCE PROGRAM, CARDING ALLOCATION BY SPORT, JANUARY 1989

	Numbers Funded								Assistance			
Category/Sport	A	B	C	C-1	D	R	J	Cards	Living Allowance	Tuition	Special Needs	Total
SUMMER OLYMPIC									$	$	$	$
Archery*	—	—	2	1	—	—	—	3	15,000	500	—	15,500
Badminton	—	4	6	5	—	—	—	15	79,800	2,000	1,000	82,800
Basketball–W	—	—	8	9	—	7	14	38	127,200	12,500	500	140,200
Basketball–M	—	12	—	1	—	5	—	18	98,400	12,500	—	110,900
Boxing*	3	1	10	4	2	—	—	20	108,000	1,000	—	109,000
Canoe*	1	—	19	3	4	—	—	27	137,400	15,500	1,000	153,900
Cycling	—	—	10	5	—	—	—	15	75,000	3,500	—	78,500
Diving	—	2	4	2	—	—	—	8	43,200	5,500	—	48,700
Equestrian*	5	—	12	3	—	—	—	20	116,400	2,500	1,000	119,900
Fencing	—	—	10	3	1	—	—	14	70,200	6,500	—	76,700
Gymnastics–W*	—	6	3	2	—	—	—	11	64,200	5,000	—	69,200
Gymnastics–M	1	1	7	2	—	—	—	11	60,600	1,000	—	61,600
Rhythmic Gymnastics	—	1	4	2	1	—	—	8	40,200	1,000	—	41,200
Team Handball	—	—	5	—	8	3	—	16	64,800	5,500	—	70,300
Field Hockey–M	—	—	19	3	—	—	—	22	115,200	12,000	—	127,200
Field Hockey–W*	3	3	1	1	—	—	—	8	52,800	23,000	—	75,800
Judo	—	1	7	4	—	—	—	12	61,200	6,000	1,000	68,200
Rowing	5	—	13	3	13	—	—	34	168,600	47,000	1,000	216,600
Shooting	1	1	10	3	—	—	—	15	81,000	5,500	3,000	89,500
Soccer	—	—	9	22	—	—	—	31	141,000	17,000	—	158,000
Swimming	9	11	29	14	18	—	—	81	423,000	32,000	—	455,000
Synchro Swim	—	—	9	7	—	—	—	16	78,000	5,000	—	83,000
Table Tennis	—	1	8	1	1	—	—	11	57,600	8,000	—	65,600
Track & Field	15	14	34	8	25	—	—	96	516,600	47,000	3,000	566,600
Volleyball–W	—	—	5	4	—	1	11	21	66,600	17,000	3,000	86,600
Volleyball–M	—	—	2	4	4	9	2	21	72,600	15,000	—	87,600
Water Polo	—	—	14	—	—	—	14	28	100,800	10,000	2,500	113,300
Weightlifting*	—	—	5	1	2	—	—	8	38,400	2,500	—	40,900

	Numbers Funded								Assistance			
Category/Sport	A	B	C	C-1	D	R	J	Cards	Living Allowance	Tuition	Special Needs	Total
SUMMER OLYMPIC									$	$	$	$
Wrestling	—	—	19	2	2	—	—	23	118,200	18,000	—	136,200
Yachting*	12	3	9	6	2	—	—	32	194,400	11,000	—	205,400
Total	55	61	293	125	83	25	41	683	3,386,400	350,500	17,000	3,753,900
WINTER OLYMPIC												
Bobsleigh	—	1	4	2	—	—	—	7	36,600	3,000	—	39,600
Luge*	—	—	3	3	—	—	—	6	28,800	2,000	—	30,800
Hockey**	—	—	—	—	12	—	4	16	50,000	—	—	50,000
Figure Skating	1	4	13	3	—	—	—	21	117,000	5,000	—	122,000
Speed Skating	2	3	10	3	14	—	—	32	152,400	10,000	500	162,900
Alpine Ski	4	9	8	4	—	—	—	25	150,600	2,500	—	153,100
Cross Country Ski	—	—	9	1	5	—	—	15	70,800	2,000	—	72,800
Ski Jumping	—	—	3	—	—	—	—	3	16,200	500	—	16,700
Biathlon	—	—	3	2	—	—	—	5	24,600	2,000	—	26,600
Total	7	17	53	18	31	—	4	130	647,000	27,000	500	674,500
NON-OLYMPIC												
4-Wall Handball	—	—	—	1	—	—	—	1	4,200	1,500	—	5,700
Racquetball	—	—	1	6	—	—	—	7	30,600	6,500	—	37,100
Water Ski	—	—	4	—	—	—	—	4	21,600	1,500	—	23,100
Freestyle Ski	—	—	5	1	—	—	—	6	31,200	—	—	31,200
Total	—	—	10	8	—	—	—	18	83,400	8,000	—	91,400
DISABLED												
Wheelchair Sports*	—	—	6	1	—	—	—	7	36,600	2,500	—	39,100
Blind Sports*	—	—	2	—	—	—	—	2	10,800	2,500	—	13,300
Total	—	—	8	1	—	—	—	9	47,400	5,000	—	52,400
GRAND TOTAL	62	78	364	152	114	25	45	840	4,164,200	390,500	17,500	4,572,200

* Carding cycle has ended

** Block funded

Appendix F

FITNESS AND AMATEUR SPORT AND SPORT CANADA MANDATE

FITNESS AND AMATEUR SPORT

Mandate

The mandate of Fitness and Amateur Sport, as defined in the 1961 Fitness and Amateur Sport Act, is "to promote, encourage and develop fitness and amateur sport in Canada."

This goal is achieved primarily through the activities of Fitness and Amateur Sport's two major program directorates, Sport Canada and Fitness Canada, each of which provides financial contributions and policy leadership to national sport and fitness-oriented organizations in Canada.

SPORT CANADA

Mandate

Sport Canada is the financial backbone of amateur sport in Canada. In conjunction with some 85 national sport organizations, Sport Canada seeks the establishment of a sound national sport system that will promote and develop Canadian sport excellence at the international level and increase domestic participation levels in competitive sport.

The Sport Canada mandate is:

- to provide leadership, policy direction and financial assistance for the development of the Canadian Sport System;
- to provide support for the attainment of the highest possible level of achievement by Canada in international sport;
- to provide support for initiatives aimed at increasing the number of Canadians participating in sport.

Major Goals

In order to achieve its mandate, Sport Canada's major goals are:

- to assist in the development of an integrated sport system in Canada which would provide an increased range and quality of competitive opportunities for all levels of athlete and sport participant;
- to coordinate, promote and develop high performance sport in Canada in conjunction with recognized national sport organizations;
- to coordinate, promote and develop domestic sport programs in conjunction with national sport organizations and provincial governments;
- to provide administrative and technical leadership, policy direction, consultative services and financial resources to assist national sport organizations to function effectively as the primary agents for the development of their sport in Canada;
- to develop federal government policies for sport;
- to maintain a data base on Canadian sport and to undertake research, special studies, surveys and evaluations on various aspects of the Canadian Sport System.

Responsibility Areas

Sport Canada program activities fall under the following responsibility areas:

Support to National Sport Organizations

- provides administrative and technical leadership, policy direction, consultative services and financial resources to assist national sport organizations to function effectively as the primary agents for the development of their sport in Canada.

Sport System Building

- coordinates (in conjunction with other agencies) the development of an integrated sport system in Canada which would provide a wide range of programs and opportunities for all levels of athlete and sport participant.

Domestic Sport Programs

- coordinates, promotes and develops domestic sport programs (in conjunction with national sport organizations, provincial governments, schools and local authorities) designed to improve both the quality and the quantity of the opportunities available to Canadians to participate in sport below the high performance level.

High Performance Programs

- coordinates, promotes and develops high performance sport programs which will provide talented athletes in Canada with sufficient support to enable them to achieve at the highest level of international competition.

Sport Database Development

- designs and maintains an up-to-date data base for sport which would provide relevant information for management decisions both inside and outside of government.

Policy and Program Development

- undertakes research, special studies and evaluations which will lead to the development and implementation of federal government sport policies.

Appendix G

DRUG USE AND DOPING CONTROL IN SPORT: A SPORT CANADA POLICY, UPDATE (SEPTEMBER 1985)

Obligations of Athletes and National Sport Organizations

1 All national sport organizations will be required to develop a plan for their sport to eradicate improper drug use by Canadian athletes and support personnel.*

The plan must include the following items:

(a) a statement of the organization's policy on drugs (including use, possession and other aspects considered appropriate by the organization); a procedure (including due process) for consideration of alleged drug infractions and penalties for such infractions (this statement must address the activities of athletes, coaches, medical and other support personnel);

(b) an operational plan for regular testing of Canadian athletes at major competitions and drug [sic] training periods with a view to eliminating the use of anabolics and related compounds, and the use of other substances on the list of banned drugs at or near the time of competition;

(c) an educational program;

(d) international lobbying activities which have as their objective the eradication of drug use in international sport.

* Those sport organizations for whom the use of performance enhancing drugs is not an issue, are required to so signify in writing and are not required to develop a plan. These organizations are expected, however, to participate in the general doping control educational programs which will be made available to all national organizations and athletes.

2 All national sport organizations will be required, as of this date, to include a commitment to non-use and non-possession of banned substances by carded athletes in their contracts with said athletes. The only exceptions are possession and use of non-anabolic drugs where such use occurs under appropriate medical supervision and in non-competition situations.

3 All national sport organizations are required, as of this date, to include a commitment of non-encouragement of use, and non-possession of anabolics and related compounds, and adherence to the rules concerning other banned drugs, in their contracts with coaches, sport scientists, medical practitioners and other support personnel engaged by the national sport organization.

4 Athletes in receipt of federal sport benefits (including the Athlete Assistance Program and/or other direct or indirect funding programs such as travel to National Championships, access to National Coaches and High Performance Sport Centres, etc.) are required to make themselves available for both regularly scheduled and ad hoc random doping control test procedures as authorized by their national sport organization or the Sport Medicine Council of Canada's Committee on Doping in Amateur Sport. It is the responsibility of national sport organizations to ensure that athletes under their jurisdiction present themselves for such tests as requested by either of the two above-mentioned agencies.

5 National sport organizations are required to develop a list of drug-related infractions applying to coaches and medical, technical, administrative or other support personnel engaged on a voluntary

or professional basis by the national sport organization or one of its affiliates. Such list of infractions shall indicate clearly that national sport organizations do not condone encouragement by their support personnel of the use of drugs on the banned lists. Such persons proven through appropriate due process to have counselled athletes, coaches, medical or other support staff to use anabolics or related compounds or to use non-anabolic drugs on the banned lists in contravention of the rules of their respective national or international sport federations shall be withdrawn from eligibility for federal government sport programs and support provided either directly or indirectly via national sport organizations. Such withdrawal of eligibility shall be invoked from the moment of proof, through appropriate due process, of said infraction.

Violations and Sanctions

1 (a) Any athlete who has been proven through appropriate due process to have used banned drugs in contravention of the rules of his/her respective national and/or international sport federation will be suspended forthwith from eligibility for Sport Canada's Athlete Assistance Program and any other financial or program support provided directly to athletes or indirectly by Sport Canada via national sport organizations (i.e., national championship funding, national team program support, etc.).

(b) Any athlete who has been proven through appropriate due process to have been in possession of anabolics or related compounds or to have supplied directly or indirectly, or to have counselled the use or administration of such drugs to others to whom this policy applies, shall be suspended forthwith from eligibility for benefits through Sport Canada as described above.

(c) The withdrawal of benefits as described in 1(a) and (b) above shall be invoked from the moment of proof of the said infraction by the appropriate authority. (In the case of positive results arising from doping control tests, the period of ineligibility for federal support takes effect at the time of the confirmation of the positive result of the "B" sample. Should an appeal subsequently overturn the finding of the positive result, benefits for the period between the initial announcement of the test result and the announcement of the result of the appeal will be reinstated.)

Individuals proven to have violated antidoping rules involving anabolic steroids and related compounds will be subject automatically to a lifetime withdrawal of eligibility for all federal government sport programs or benefits.

Individuals proven to have violated antidoping rules involving drugs other than anabolic steroids and related compounds will be subject automatically to ineligibility for all federal government sport programs or benefits for a minimum period of one year or the duration of any suspension imposed by the respective international or national federation, whichever is the longer. Second offences shall be punished by means of lifetime withdrawal of eligibility for federal government sport programs or benefits.

(d) Any athlete convicted of a criminal or civil offence involving a drug on the banned list of his/her respective national or international federation shall be similarly suspended (as outlined in 1(c)) from eligibility for the Athlete Assistance Program and other federal government support as described above.

(e) The only relief from life suspension is through direct appeal to the Minister of State, Fitness and Amateur Sport.

2 Sport Canada does not intend to usurp the role of the civil and criminal authorities with respect to the non-medical use of drugs which do not appear on the banned list of the international federations and the IOC. However, national sport organizations are requested to include any restrictions with respect to the use of these drugs in their contracts between carded athletes and the national sport organizations.

3 The only exceptions to the above provisions involving the use of anabolics or related compounds shall be in the case of disabled athletes who may be required, under medical supervision, to use such drugs for on-going or intermittent therapeutic or rehabilitative purposes. Where such drugs are used by disabled athletes for performance enhancement, the provisions as outlined above shall apply. Where disabled athletes are using anabolics or related compounds for therapeutic or rehabilitative purposes, such use must be reported by an appropriate medical authority to the national sport organization.

For the purpose of this section, a disabled athlete means an individual who is affiliated for the purpose of participation in competitive sport to one of the national sport federations responsible for organizing sport for the physically disabled.

Sport Canada Coordination and Liaison

1 Sport Canada will collaborate with the Canadian Olympic Association on matters pertaining to the testing of athletes prior to and at major Games under the jurisdiction of the COA (i.e., Olympic and Pan American Games) and on matters pertaining to the role of the IOC and NOCs in doping control.

2 Sport Canada will collaborate with other Major Games Organizations — Commonwealth Games Association of Canada, Canadian Interuniversity Athletic Union, Canada Games Council and Canadian Federation of Sport Organizations for the Disabled — on matters pertaining to doping control prior to, and at Major Games events under the jurisdiction of these agencies.

3 Sport Canada will undertake to initiate and fund research related to the drug issue with the various national research agencies as required.

Appendix H

ANABOLIC STEROIDS: SUMMARY OF U.S. FEDERAL AND STATE LEGISLATION

FEDERAL LEGISLATION

Federal Public Law 100-690 (November 18, 1988)

- Primarily intended to prevent the manufacturing, distribution, and use of illegal drugs.
- Sections 2401, 2402, and 2403 deal specifically with anabolic steroids.

Section 2401

- Allows the seizure of assets of an individual convicted of a violation of the *Food, Drug and Cosmetic Act* involving anabolic steroids or human growth hormone, if such act is punishable by imprisonment for more than one year.

Section 2402

- Provides that the comptroller general shall study and report to Congress on the extent of anabolic steroid and human growth hormone use among high school students, college students, and other adults, including estimates of licit and illicit use, domestic and international production, and medical analysis of the health consequences of use of these drugs.

Section 2403

- Calls for imprisonment for not more than three years, or a fine, or both, for persons who distribute or possess with intent to distribute any anabolic steroid for any use in humans other than the treatment of disease pursuant to the order of a physician.
- Punishment increased to not more than six years, if the person distributes or possesses with intent to distribute to an individual under eighteen years of age.

HR 995 and Section 466

- Prohibiting mailing or receiving by mail of anabolic steroids for any use in humans other than the treatment of disease pursuant to the order of a physician.
- Property involved in a violation is subject to forfeiture.

Status

- At present before Congress.

STATE LEGISLATION AS AT APRIL 1990

State/ Bill Number	Major Provisions	Status
Alabama	Has placed anabolic steroids under *Controlled Substances* Act, Schedule V by rule.	Enacted
Alaska H 126	Places anabolic steroids under *Controlled Substances Act*, Schedule VA.	In committee

State/ Bill Number	Major Provisions	Status
Arizona	*Medical Practice Act* defines "unprofessional conduct" to include prescribing, dispensing, or administering anabolic-androgenic steroids to a person for other than therapeutic purposes.	Enacted
Arkansas HB 1231	Makes it a felony to distribute or possess with intent to distribute anabolic steroids and human growth hormone or counterfeits thereof for other than the treatment of disease pursuant to the order of a physician. The penalty is doubled if the recipient or intended recipient is a minor. Possession of more than 200 capsules or tablets or more than 16 cc of anabolic steroids or human growth hormone creates a rebuttable presumption of intention to distribute.	Enacted
California B 4029	Places anabolic steroids under *Controlled Substances Act*, Schedule III.	Enacted
A 1591	Adds toxandroprione (Anavar) to Schedule III (with other anabolic steroids).	Enacted
A 2063	Requires schools to teach the effects of using anabolic steroids.	In committee

State/ Bill Number	Major Provisions	Status
A 2064	Requires that advertisements for anabolic steroids contain a warning on their dangers.	Introduced March 10, 1989
A 2065	Requires instruction on the dangers of using anabolic steroids prior to receiving teaching credentials. Also, seventh to twelfth grade science courses to contain material on anabolic steroids.	In committee
SB 1585	Requires warning statements concerning unlawful use, sale, or exchange of anabolic steroids to be posted in schools and colleges and athletic facilities by June 1990. Failure to do so can attract fines of $50 per day.	Enacted
Colorado		
SB 81	Makes dispensing, injecting, or prescribing an anabolic steroid for the purpose of increasing muscle mass, strength, or weight without a medical necessity to do so, or for the intended purpose of improving performance in any form of exercise, sport, or game, a misdemeanour. Subsequent violation is a felony. Makes the dispensing or injecting of an anabolic steroid, unless dispensed from a pharmacy or practitioner in the course of professional practice, a felony. Requires that the label for anabolic steroid prescriptions state the purpose for which the drug is prescribed.	Enacted

State/ Bill Number	Major Provisions	Status
Connecticut		
HB 5302	Prohibits prescription of anabolic steroids to athletes. Directs the commissioner of consumer protection to designate anabolic steroids as controlled substances.	Enacted
H 6027	Makes possession of and possession of with intent to sell anabolic steroids felony offences.	In committee
H 6124	Provides penalties for those who use or encourage use of anabolic steroids.	In committee
Florida		
SB 607	Regulation places anabolic steroids and human growth hormone under *Controlled Substances Act*, Schedule IV.	Enacted
Georgia		
HB 71	Provides prison terms and/or fines for distributors of anabolic steroids. Penalties are increased for offences including minors.	Enacted
Hawaii		
SB 1197	Outlaws the possession, possession for distribution, or manufacture of anabolic steroids without a prescription issued by a practitioner acting in the usual course of professional practice. Simple possession is a misdemeanour. Other violations of the statute are classed as felonies.	Enacted

State/ Bill Number	Major Provisions	Status
Idaho		
SB 1258	Places anabolic steroids under *Controlled Substances Act*, Schedule IV. Additional penalties to those already in the Act are laid down for prescribing, dispensing, selling, supplying, or manufacturing anabolic steroids or human growth hormone for purposes of enhancing performance in any form of exercise, sport, or game without medical necessity.	Enacted
Illinois		
HB 2626	Created the *Steroid Control Act*. Makes it a felony to supply human anabolic steroids to amateur athletic participants. Penalties are increased for offences involving minors. Prohibits prescription or administering of anabolic steroids except for valid medical purposes, and states that hormonal manipulation to increase muscle mass, weight, or strength, or for the intended purposes of improving physical appearance or athletic performance, is not a valid medical purpose or in the course of professional practice. Simple possession of anabolic steroids is a misdemeanour.	Enacted
HB 2624	Amends the School Code to provide for education in steroid-abuse prevention.	Enacted

State/ Bill Number	Major Provisions	Status
Indiana SB 415	Makes it a felony for a practitioner to prescribe, order, distribute, supply, or sell an anabolic steroid for enhancing performance in an exercise, sport, or game or for increasing muscle mass, strength, or weight without a medical necessity. Makes it a felony for a person other than a practitioner or lawful manufacturer to knowingly or intentionally manufacture or deliver an anabolic steroid or to possess with intent to manufacture or deliver. Penalties are higher if delivery is to a minor who is at least three years younger than the delivering person.	Enacted
Kansas SB 293	Places anabolic steroids under *Controlled Substances Act*, Schedule IV. Simple possession is a misdemeanour. Other offences are felonies. If possession is with intent to sell to a minor, or if anabolic steroids are sold or offered for sale to a minor, "there shall be at sentencing a presumption that the defendant be sentenced to imprisonment and not granted probation or a lesser sentence."	Enacted

State/ Bill Number	Major Provisions	Status
Louisiana		
HB 270	Makes it unlawful to furnish or sell an anabolic steroid, punishable by a fine up to $5000, or imprisonment with or without hard labour for up to five years, or both. Makes it a misdemeanour to possess an anabolic steroid, punishable by a fine up to $500, or imprisonment for up to six months, or both.	Enacted
SB 525	Prohibits prescribing of anabolic steroids unless for a valid medical purpose. Use for athletic purposes is not a valid medical purpose.	Enacted
Maryland		
H 636	Places anabolic steroids under *Controlled Substances Act.*	In committee
H 681	Prohibits a person from distributing, dispensing, or administering an anabolic steroid at or near schools or gyms.	Committee reported unfavourably
Massachusetts	Board of Medicine regulations were amended to prohibit practitioners from prescribing anabolic steroids for the purpose of enhancing a patient's athletic ability or performance.	Enacted

State/ Bill Number	Major Provisions	Status
Michigan		
H 4081	Prohibits the use, distribution, or possession of anabolic steroids under certain circumstances.	In committee
Minnesota		
S 339	Places anabolic steroids under *Controlled Substances Act*, Schedule IV.	Enacted
Nevada		
SB 308	Empowers and directs the Board of Pharmacy to designate as a controlled substance a steroid or other product that is used to enhance athletic performance, muscle mass, strength, or weight without medical necessity.	Enacted
New Hampshire		
HB 264	Provides that any person who prescribes, sells, provides, or distributes anabolic steroids to another person for purposes other than treatment of a medical problem or injury is guilty of a felony. Simple possession is a misdemeanour.	Enacted
New Jersey		
S 2282	Places anabolic steroids under Schedule V of the *Controlled Substances Act*.	In committee
AB 4224	Makes it unlawful for anyone other than a practitioner to manufacture, distribute, or dispense anabolic steroids; makes it unlawful to possess anabolic	Enacted

State/ Bill Number	Major Provisions	Status
	steroids without a prescription. Directs the commissioner of health to study the feasibility of including anabolic steroids in the *Controlled Substances Act*.	
S 756	Prohibits use by college athletes other than for legitimate medical reasons.	In committee
S 1434	Requires random testing of students for controlled substances and anabolic steroids prior to participation in interscholastic athletics and certain other programs.	In committee
S 3315	Includes anabolic steroids in school drug-education, prevention, and intervention programs.	Enacted
New Mexico		
HB 303	Except as authorized by *Food, Drug and Cosmetics Act*, it is a misdemeanour to intentionally possess anabolic steroids. It is a felony to intentionally distribute or possess with intent to distribute anabolic steroids. Penalties are greater if the offence involves a minor. A copy of the law must be displayed prominently in the athletic locker room of all state postsecondary and public schools.	Enacted

State/ Bill Number	Major Provisions	Status
New York		
A 4613	Criminalizes the knowing dispensing of anabolic steroids for athletic enhancement and the knowing possession for same. Dispensing is a class E felony; possession is a class A misdemeanour.	In committee
A 6177	Requires development of an educational program on anabolic steroids for use in grades 7 to 12.	In committee
A 6408	Requires instruction of pupils in the use of anabolic steroids. Creates crime of unlawful distribution.	In committee
S 2783	Places anabolic steroids under *Controlled Substances Act*.	In committee
SB 3047	Places anabolic steroids under the state *Controlled Substances Act*, Schedule II. Makes the prescription and dispensing of anabolic steroids for other than therapeutic purposes a misdemeanour. Requires parental notification prior to administering anabolic steroids to children under nineteen.	Enacted
S 3086	Provides that certain students receive education on the dangers of using anabolic steroids.	In committee
North Carolina		
HB 1130	Places anabolic steroids under *Controlled Substances Act*, Schedule III.	Enacted

State/ Bill Number	Major Provisions	Status
North Dakota HB 1352	Distribution or intent to distribute anabolic steroids for any use in humans other than the treatment of disease is a class B felony.	Enacted
Ohio	In 1988, the Ohio State Board of Medical Examiners passed an anti-abuse rule prohibiting the prescribing, dispensing, delivering, or administering of anabolic steroids or human growth hormone for the purpose of enhancing athletic ability, including use in bodybuilding. Physicians must complete and maintain medical records that accurately reflect the utilization of these substances and indicate the diagnosis, the purpose of the use, and any additional information upon which the diagnosis is based. Physicians who violate the rule are subject to reprimand, probation, licence suspension, or licence revocation.	Enacted
Oklahoma HB 1191	Prohibits the prescribing, dispensing, delivering, or administering of anabolic steroids or human growth hormone except for a valid medical purpose, which does not include bodybuilding or other athletic purposes in otherwise healthy persons.	Enacted

State/ Bill Number	Major Provisions	Status
Oregon		
HB 2373	This bill classifying anabolic steroids as controlled substances was passed by the House and Senate, but vetoed by the governor on August 14, 1988. Nevertheless, the state Board of Pharmacy adopted a regulation placing anabolic steroids in Schedule III of the *Controlled Substances Act.*	
Pennsylvania		
HR 27	Calls for an investigation of anabolic steroid use and abuse.	In committee
H 693	Prohibits the use of anabolic steroids by any pupil involved in school-related activities.	In committee
H 855	Places anabolic steroids under Schedule II of the state *Controlled Substances Act*. Prohibits the prescribing, administering, or dispensing of any anabolic steroid for purposes of athletic enhancement or hormonal manipulation (except when medically necessary).	In committee
H 1083	Amends the Public School Code of 1949 by adding chemical and steroid abuse to the mandatory instruction programs.	In committee
S454	Requires school directors to prohibit the use of anabolic steroids by pupils involved in athletics; requires education	Enacted

State/ Bill Number	Major Provisions	Status
	regarding the use of anabolic steroids; requires penalties for unauthorized use of anabolic steroids; provides for dispensing of and prescriptions for anabolic steroids.	
Rhode Island H 5160	Sets out penalties by fine or imprisonment for the prescribing or selling of anabolic steroids without medical necessity.	In committee
H 5923	The manufacture, sale, or distribution of anabolic steroids, or possession of anabolic steroids for purposes of sale, manufacture, or distribution by anyone other than a practitioner or licensed manufacturer, is punishable by a fine of up to $5000, or imprisonment for not more than five years, or both. Practitioners who prescribe, order, distribute, or sell anabolic steroids for enhancing athletic performance, increasing muscle mass, or increasing weight without medical necessity are guilty of an offence and subject to fines of up to $500, or up to six months' imprisonment, or both.	Enacted
South Carolina SB 281	Designates as unprofessional conduct for a practitioner or veterinarian to prescribe, dispense, or administer anabolic steroids for purposes of improving performance in any exercise, sport, or game, or	Enacted

State/ Bill Number	Major Provisions	Status
	to increase muscle mass or strength without medical necessity. Makes it a misdemeanour for anyone other than a practitioner, pharmacist, or veterinarian to possess anabolic steroids without a prescription. Makes it a felony for anyone other than a practitioner, pharmacist, or veterinarian to prescribe, dispense, deliver, or administer anabolic steroids. Felony offences are punishable by fines of up to $5000 and/or up to five years in prison for a first offence. The range of penalties is doubled for a second offence.	
Tennessee S 1004	Places anabolic steroids into Schedule VIII of the *Controlled Substances Act*. Provides penalties.	In committee
Texas HB 1507	Places anabolic steroids and human growth hormone under the state *Controlled Substances Act*. Requires schools and gymnasiums to post copies of the law. Prescribing, dispensing, or administering of anabolic steroids can be only for a valid medical purpose; muscle enhancement, bodybuilding, etc., are not valid medical purposes. Violation of the statute is a criminal offence	Enacted

State/ Bill Number	**Major Provisions**	**Status**
	punishable by confinement in jail or imprisonment in the Texas Department of Corrections.	
Utah SB 120	Places anabolic steroids under the state *Controlled Substances Act*, Schedule III. A state licence issued to manufacture, produce, distribute, dispense, administer, or conduct research with anabolic steroids may be denied, suspended, or revoked upon finding that the applicant has prescribed, dispensed, administered, or injected an anabolic steroid for the purpose of manipulating human hormonal structure so as to (a) increase muscle mass, strength, or weight without medical necessity and without a written prescription by any practitioner in the course of professional practice or (b) improve performance in any form of human exercise, sport, or game.	Enacted
Virginia HB 1418	Makes it unlawful for any person to knowingly manufacture, sell, give, distribute, or possess with intent to manufacture, sell, give, or distribute any anabolic steroid. Does not define the term anabolic steroid. A violation is punishable by a term of imprisonment of not less than one year or more than ten years or, in the discretion of the jury or the court trying the case	Enacted

State/ Bill Number	Major Provisions	Status
	without a jury, confinement in jail for not more than twelve months, or a fine of not more than $20,000, or both.	
HJR 99	Establishes a joint committee to study the use of anabolic steroids by high school athletes.	In committee
Washington HB 1558	Defines and regulates the use of anabolic steroids. Expands offences to include manufacture and possession. Prohibits certain athletics-related uses. Prohibits the prescribing, administering, or dispensing of anabolic steroids, human growth hormone, certain other drugs, and autotransfusion by practitioners for the purpose of manipulating hormones to increase muscle mass or strength, or to enhance athletic ability. Violation by a practitioner is a gross misdemeanour. Possession of under 200 tablets or eight 2cc bottles of steroids without a prescription is a gross misdemeanour. Possession of higher amounts is a felony. Provides for education programs in schools, and suspension from school athletic events for students violating the law.	Enacted

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Notes

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2 Canada, *Report of the Task Force on National Sport Policy, Toward 2000: Building Canada's Sport System* (Ottawa: Fitness and Amateur Sport, 1988), 16, 15, 16–17, 4 (bullets added).

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6 Ibid.

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13 Macintosh, Bedecki, and Franks, *Sport and Politics in Canada*, 163.

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15 Macintosh, Bedecki, and Franks, *Sport and Politics in Canada*, 131.

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20 Canada, *Report of the Task Force on National Sport Policy* (1988), 27.
21 Canada, *Report of the Task Force on Sports for Canadians* (1969), 8.
22 Canada, *Report of the Task Force on National Sport Policy* (1988), 7.

Chapter 2 Doping Definitions and Policies

1 Melvin H. Williams, *Drugs and Athletic Performance* (Springfield, Ill.: Charles C. Thomas, 1974), 6–7.
2 Michael J. Asken, *Dying to Win: The Athlete's Guide to Safe and Unsafe Drugs in Sports*, (Washington, D.C.: Acropolis Books, 1988), 33–4.
3 Neal Wilkinson, "The Pill That Can Kill Sports," *True: The Man's Magazine*, March 1958, 102.
4 The selected list of doping in sport was compiled from a variety of sources.
5 International Olympic Committee *Newsletter*, No. 11, August 1968.
6 Sir Arthur Porritt, "Doping," *The Journal of Sports Medicine and Physical Fitness* 5 (1965): 166.
7 Great Britain, Amateur Athletic Association, "Report of A.A.A. Drug Abuse Enquiry," typescript, 1988.
8 IOC medical controls handbook, 12.
9 In 1975 and 1981; the latter was a positive for anabolic steroid use.

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1 Herbert A. Haupt and George D. Rovere, "Anabolic Steroids: A Review of the Literature," *American Journal of Sports Medicine* 12, no. 6 (1984): 469.
2 Robert E. Windsor and Daniel Dumitru, "Anabolic Steroid Use by Athletes: How Serious Are the Health Hazards," *Postgraduate Medicine* 84, no. 4 (September 15, 1988): 41.
3 Ibid; Jean D. Wilson, "Androgen Abuse by Athletes," *Endocrine Reviews* 9, no. 2 (May 1988): 181.
4 Wilson, "Androgen Abuse," 189.
5 Windsor and Dumitru, "Anabolic Steroid Use by Athletes," 39–49.
6 Haupt and Rovere, "Anabolic Steroids."
7 Wilson, "Androgen Abuse," 191.

8 *Drugs and Medicines in Sport: Their Use and Abuse*, Royal Society of New Zealand, Miscellaneous Series no. 19 (Wellington, N.Z.: the Society, 1990), 74.

9 From J.B. Ziegler's "Introduction," to Bob Goldman et al., *Death in the Locker Room: Steroids, Cocaine & Sports* (Tucson, Ariz.: The Body Press, 1987).

10 Marc Desgagné, Jacques LeCavalier, and Ihor Malyniwsky, "Anabolic Steroids: Use and Abuse Profile in Canada," typescript (Ottawa: Department of Health and Welfare, Bureau of Dangerous Drugs [1988]), 4. (Published in the *Canadian Pharmaceutical Journal* 122, no. 8, August 1989.)

11 K.B. Kashkin and H.D. Kleber, "Hooked on Hormones? An Anabolic Steroid Addiction Hypothesis," *JAMA, The Journal of the American Medical Association* 262, no. 22 (December 8, 1989): 3166.

12 United States, Congress, Senate Judiciary Committee, Hearing on Steroid Abuse in America, April 3, 1989, testimony of Pat Connolly.

13 Ibid., testimony of Diane Williams.

14 Ibid., opening statement by Senator Joseph R. Biden, Jr.

Chapter 6 The Canadian Track and Field Association

1 *Ontario Athletics*, December 1977/January 1978.

2 Ibid., [1979].

3 In 1975 a Canadian athlete tested positive for ephedrine at the Pan American Games in Mexico City. In 1981 Alexis Paul-MacDonald tested positive for steroids at the Pacific Conference Games in New Zealand. She challenged the result on the grounds that oral contraceptives may have produced a false positive, but after investigation the positive result was upheld.

4 *Athletics*, November/December 1983.

5 Ibid.

6 To illustrate this point, Mr Smith prepared a chart for use while he testified which compared performances by athletes in discus and shot put at the 1988 Olympics with their best performance before 1988 and their world ranking. As Mr Smith put it, "there is a heck of a variance between the cold hard facts of the book [ie, of statistics] and the reality of the world that we are living in."

7 Harold Willers, a thrower from British Columbia, tested positive in June 1985.

Chapter 16 Extent of Use of Banned Substances

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2 Ibid.

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5 Ibid., 67.

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2 Great Britain, Amateur Athletic Association, "Report of A.A.A. Drug Abuse Enquiry," typescript, 1988, G10.

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Chapter 21 Doping Control Initiatives before 1988

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5 Great Britain, Department of the Environment, "The Misuse of Drugs in Sport" (London: the Department, September 1987), Annex C.

Chapter 24 Athletes' Rights

1 *Retail, Wholesale and Department Store Union, Local 580 v. Dolphin Delivery, Ltd.*, [1986] 2 S.C.R. 573; *Re Blainey and Ontario Hockey Association et al.* (1986), 58 O.R. (2d) 274 (C.A.); *Re McKinney and Board of Governors of the University of Guelph* (1987), 63 O.R. (2d) 1 (C.A.).

2 *Connell and Harrison v. The University of British Columbia* [1988] B.C.J. No. 13 (B.C.C.A.).

Chapter 25 Ethics and Morality in Sport

1 Haut Comité des sports, Paris, "Essai de doctrine du sport" (1965), quoted in J.-M. Brohm and Bernard Yanez, "Why the École Émancipée Is against Competitive Sport," in Jean-Marie Brohm, *Sport — A Prison of Measured Time* (London: Ink Links, 1978), 75.

2 Tara Scanlan, quoted in Bil Gilbert, "Competition: Is It What Life Is All About?" in Pasquale J. Galasso, ed., *Philosophy of Sport and Physical Activity* (Toronto: Canadian Scholars' Press 1988), 51.

3 René Maheu, "L'Éducation et le sport," quoted in Jean-Marie Brohm, "Introduction: Enough of the Myth of Educative Sport," in Brohm, *Sport*, 8.

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6 Brohm, "Introduction," in Brohm, *Sport*, 18.

7 Saul Ross, "Winning and Losing in Sport: A Radical Reassessment," in Galasso, ed., *Philosophy of Sport*, 59.

8 Andrew Pipe, "The Making of a Champion: Chemistry or Coaching," *Sports: Science Periodical on Research and Technology in Sport*, December 1983.
9 Ibid.
10 Patricia A. Lawson, "How Urgent Is the Need for Improved Ethical Behaviour and Decision-Making in Sport?" in Galasso, ed., *Philosophy of Sport*, 197–9.
11 Pasquale J. Galasso, "Sport Organizations and Ethical Concerns," in ibid., 353.
12 Ibid., 354–7.